Children and Youth in Care Review: LISTEN to Their Voices

Final Report

Conducted by the Saskatchewan Children's Advocate Office

APRIL 2000

The Saskatchewan ADVOCATE Office

"I'm an expert on foster care. Nobody knows foster care better than a foster kid. You can't learn the feeling of showing up at somebody's house for the first time and now they're gonna be your parents."

(Female, youth formerly in care, 20)

100-04601/

The Saskatchewan Children's Advocate Office

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April 2000

The Honourable Ronald Osika
Speaker of the Legislative Assembly
Legislative Building
Province of Saskatchewan
Regina, Saskatchewan

Dear Mr. Speaker:

It is my privilege and honour to submit the attached report: *Children and Youth in Care Review: LISTEN to Their Voices* to be laid before the Legislative Assembly in accordance with *The Ombudsman and Children's Advocate Act.*

Respectfully,

D Parker-Loewen

Deborah Parker-Loewen, Ph.D.
Children's Advocate
Province of Saskatchewan

Children and Youth in Care Review: LISTEN to Their Voices

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The Children's Advocate is an independent officer of the Legislative Assembly of Saskatchewan and acts pursuant to *The Ombudsman and Children's Advocate Act*. This review was conducted in accordance with this legislation.

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From the Children's Advocate

Deborah Parker-Loewen, Ph.D.
Children's Advocate

LISTEN to Their Voices! If you do nothing else when you read this report, I urge you to really listen to the voices of the courageous and passionate people who shared their stories and ideas with us.

This report is not intended to be a traditional report. The Review Team and I were repeatedly asked to find a way to keep the hearts and real lives of people involved in the foster care system in this final report. We were challenged by most of the people we met with to reach beyond policy into the hearts and minds of the decision-makers and to recommend real and affirming changes for children and families today and into the future.

This report will not provide you with a detailed analysis of facts; although where facts or other information could be added to the report, I have made every effort to include them. I expect this report to be criticized, by some, for the lack of a factual or substantive basis for my recommendations. On the other hand, I decided that listening to what we heard from the many community members we met with and including their voices in this report was the priority. Information from the literature and from the comprehensive file review was used to supplement what we learned from talking with people who are impacted by the foster care system. The expertise of the 30-member volunteer Review Panel, combined with the skills and experiences of the five-member Review Team and the staff in my Office were invaluable and I cannot thank these folks enough for their commitment and dedication to this project. As a collective, we sorted through the ideas that were generated by the community and developed the recommendations contained in this document.

The importance of the 164 young people who contributed to this report cannot be overstated. These young people were our experts. Listening to their stories and their opinions was the most important aspect of this Review. I was, admittedly, nervous about this aspect of the Review process. I did not even know if young people and children would want to contribute to a formal Review like this and I was not really sure how we were going to approach them. The efforts of Christine Gaudet, the Youth Facilitator on our team, made the inclusion of these young people possible. Each of the 164 young people, the youngest being eight years old and the oldest 24, shared their deep wisdom and knowledge with us. Of these young people, 61 percent were of Aboriginal ancestry—once again reminding me that First Nations and Metis children need and want to be included in any future planning and changes to the "system." I also want to point out that the words and ideas of these young people are quoted liberally throughout this report. In order to honour these young people, the quotes used are in the words of the participant.

These voices eloquently express the experiences and viewpoints of the young person quoted and frequently reflect what others said as well. I urge you to read and *listen* to what these young people have to say without minimizing or defending them—these experiences were real for them.

Initally, I planned to conduct a fairly traditional and formal review. I was going to complete a review of the literature, examine a representative sample of children's files and hold five or six public meetings or focus groups in a variety of communities. I expected to do all this and write this report in a few months. This is not what happened. Firstly, it was clear from the very beginning that without including First Nations and Metis Nation people, the concerns of the over 60 percent of Aboriginal children in care would not be represented. In fact, I was told by First Nations leaders that if I wanted an inclusive approach I could not rush. Clearly the timelines that I had initially established would not work. Also, it was not just First Nations and Metis people that wanted a say in this Review! It was apparent that I had to find a way to include all of the key stakeholders. So, I slowed down the timelines and explored some more options. The Review Panel was one way I attempted to include as many different voices as possible in the Review.

Once Terms of Reference were established, some further challenges impacted the Review. The community meetings that I planned were postponed when a provincial election was called. Caring for children is a non-partisan process and I did not want this Review caught up in an election. David Macknak, the Review Coordinator, and I decided to start with smaller, local meetings with a few groups such as foster parents or social workers. We found these small groups of ten to 30 people provided a forum for open and candid discussion and we abandoned the idea of large public meetings. Over 90 meetings were held in communities all over Saskatchewan. We made sincere attempts to accommodate any requests we had and we directly approached some communities that we particularly wanted to hear from.

The Department of Social Services (DSS) provided considerable support to this Review and the cooperative spirit that was demonstrated was appreciated. Although there were logistical difficulties, accurate and up to date statistics about the children who are in care were obtained from the DSS and included in the initial booklet inviting people to participate in the Review. A random, stratified sample of child in care files was identified by the DSS and the Regional staff facilitated access to these files. DSS funded foster parent and youth in care travel to attend the consultation meetings. Many DSS staff participated in the Review meetings and shared their personal and professional experiences with us. I recognize that this type of Review can be very difficult for staff as it puts their daily practice into public light. This would be difficult for any of us.

I want to acknowledge and affirm that while this report may appear to focus on some of the negative aspects of DSS practice, the staff we met with were very articulate about their concern for children and their desire to do quality work. The individuals who came forward to the Review expressed *their* perceptions of the child welfare system and these are honoured throughout this report. I am also aware that there are many other people who are impacted by the child welfare system that we did not speak with and who may have told us different stories. It is for this reason that I believe that the recommendation I make to develop a broad-based community approach to child welfare is essential. There are many voices and many ideas—all of which need to be included in any substantive change that occurs in the system.

In addition to all of this, a couple of things occurred that were startling to me. Firstly, I started this Review believing that I was reviewing the needs of children who live in foster care. I was amazed that every group we met with wanted to talk about how children come into care, and more importantly, give us their ideas about how to keep children from coming into care. I did not expect the passion with which people talked about the need to support families and children before there is a crisis and before children come into care. There is a lot of community commitment to finding ways to keep children with their families and extended families. There is frustration with what is perceived in the "system" as a crisis response to family problems.

The second amazing thing for me was the unexpectedly high level of consensus I heard from people who had very different positions on many of the issues and concerns facing children and families. The consensus focused on finding out what was best for the children themselves and on finding ways to really listen to the wisdom of the children. I anticipated conflict and dissenting opinions and I found compassion and collaboration. The Review Panel included young people, foster parents, natural parents whose children were in care, and people with a primarily professional interest in foster care like social workers, a doctor and a mental health worker. About half of these Panel members were First Nations or Metis people. All opinions and ideas were welcomed at this Panel and the candid discussions were helpful for all of us. The Panel members influenced the final recommendations significantly. In particular, the recommendation that government establish community-based Family Review Panels and Family Service Boards came from the collaborative work of the Panel. Clearly there is not agreement on everything! Some Panel members may disagree with aspects of this Report. It is the ongoing inclusion of differing points of view that is the gift a multi-stakeholder group such as the Panel can give to those who develop and implement policy changes.

So, why am I telling you this? I really want you, the reader, to listen to the voices in this report. There have been several excellent reports detailing the issues faced by children, families and others who are involved in some way in the child welfare system. Each of these previous reports has outlined a very similar set of recommendations. The recommendations in this Report are consistent with those made in other reports. Some of you will read this Report and think there is nothing new or unfamiliar in here. That may well be true. I believe that if you read this with an open heart and listen to the voices you hear, you will find a way to take action to make the lives of all children, especially those who live in government care, better. I invite you to read this with a critical eye. Think about how to make an idea work and if you don't agree with what I have offered, offer something else. Leap in and stay involved in working together for positive change!

DParker-Loewen

Deborah Parker-Loewen, Ph.D.

Acknowledgements

To conduct a Review such as this one means that many people have made incredible commitments. It took courage and determination for the Review participants, especially the young people and the parents, to share their stories and experiences. I was humbled by the trust they gave to this process and want to express my sincere gratitude for their input into this Review.

There are many others that I want to acknowledge and thank for their very significant contributions to this Review and to the Final Report.

David Macknak, the Review Coordinator gave his heart to this project. He provided expert guidance to the Team while staying focused on listening to what the participants had to say and honouring their voices at all times. Eunice Bergstrom, the Research Assistant, came to this project with her researcher skills and her mother's emotions. The whole system of foster care was new to Eunice and she was often very saddened and shocked by what she was learning. Her reactions reminded me that many community members have no idea what happens for children in care and their families. Christine Gaudet, the Youth Facilitator, was our shining light and kept us all on our toes! Christine bravely shared her own experiences in care in order to invite other young people to also come forward with their stories. With Christine we shared tears and much laughter while we learned so much about what life is like for young people in foster care. Gloria Hubert (Rediron – she got married during the project!) kept us all organized! We relied on Gloria to make many of the arrangements for meetings, to keep correspondence and paperwork in order and to keep all of us on schedule. Gloria's personal commitment to the project was immeasurable – and we called on her at all hours to help us out of administrative glitches. The Team, as we called ourselves, spent many hours together in many Saskatchewan communities and in our car – we shared ideas, argued, cried, laughed and sang our way around the province!

The Panel members, who are introduced later in this Report, joined this project – some with enthusiasm, some with suspicion. They challenged us to keep all perspectives in mind when looking at how children in care need to be supported and they reminded us not to just look at this from one point of view. I want to thank the Panel members for the passionate advocacy work they did with us on this project.

We were very fortunate to have the assistance of John Jacques and Gina Alexander of Saskatchewan Justice Mediation Services. They assisted in establishing guidelines and a sense of purpose with the Panel members. Renee Gavigan and Susan Griffin, mediators with the Provincial Ombudsman Office and Carol Riekman, mediator in private practice, worked with the Review Team and the Panel to develop recommendations for the Final Report. Bernie Holzer and Jackie Robison reviewed the files for the file review. All of these individuals contributed to this Final Report and their compassionate and professional approach to their tasks was greatly appreciated.

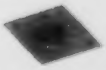
I want to thank the Provincial Ombudsman, Barbara Tomkins and her staff for their patience and support. The Saskatoon Ombudsman staff graciously "moved over" in our already crowded office to accommodate the Review Team and the activity this project generated. Gord Mayer, General Counsel, gave legal opinions, often with tight timelines, on several aspects of this Report.

Without the support of the Department of Social Services staff this project would have been much more difficult to complete. As a Team, we were welcomed by staff at all levels of the department. There was a general recognition that this Review would be beneficial to the children and families that Social Services staff serve. I want to particularly thank Yvonne Skrudland, Dorothea Warren, Ken Cameron, David Rosenbluth, Richard Hazel and Bonnie Durnford for their assistance.

My staff were incredible throughout this project! While the Review Team assumed responsibility for much of the work, the staff in my Office were frequently called on to give advice or to complete specific tasks. I was often not available in the Office because I was with the Review Team which required that my staff took on extra duties in my absence. Sharon Chapman put in many hours—on weekends and late at night—formatting and editing the final document and I cannot thank her enough for this.

Lastly, I want to thank our families. My husband and three children and the partners and children of the Review Team (including Sharon's husband and baby) were very patient and supportive throughout this project. We all realized as we went deeper into this work that our families and the support we receive from them are gifts that not everyone has. We all believe that our work on this project will result in more supports to more families in Saskatchewan.

Thank you to you, the reader, for taking the time to consider the information in this Report.



From the Review Team

David Macknak, Review Coordinator

A remarkable feature of this Review is that it values the words of children and youth, something rare in reports of this kind... but something one should expect from an agency that advocates for children.

While I hope we have found fresh, useful ways of expressing concerns and remedies, I am aware that we report on problems and potential solutions that most of those serving and being served already know about. Everybody expected this to be the case. There was a surprising amount of agreement on the issues among the individuals and groups we met with. Therein lies the hope: that the Review will become an opportunity for the key participants to establish ways of continuing the dialogue with each other that began during their consultations with us.

Perhaps, in this way, the Review can become a new starting point to consolidate the will and find the resources to address emerging issues together on an ongoing basis.

Thank you Deborah, for asking me to be part of this important work.

Eunice Bergstrom, Research Assistant

We heard many sad stories throughout the course of the Review. The ones that were especially heart-wrenching for me were those in which the child closely resembled one of mine in age and gender... I knew exactly how they would be feeling.

I think that people sometimes insulate themselves from empathizing with children and (especially) youth who are experiencing difficulties, by rationalizing that they are somehow 'different' or 'desensitized' compared to our own or other children we know. With a little thought comes the realization that the only differences are their experiences and circumstances. All children have similar needs and entitlements, and all children deserve our empathy and support.

Christine Gaudet, Youth Facilitator

Being in care changes you forever. The care experience involves so much turmoil and is so emotionally taxing. Every young person who shared the stories of their life showed intense bravery, as being interviewed meant reopening the wounds. These youth made the ultimate contribution, without which the Review would not have been complete.

Gloria Hubert (Rediron), Administrative Assistant

As a First Nations person, I was very pleased with the input we had from all of our First Nation communities throughout the province – this Review could not have been easy to discuss.

Being a part of this Review has been both a positive and negative experience for me. The negative aspect for me was having to re-live some experiences as a former child in care. I am happy to see that this Report may try to address those needs and concerns of children in care.

The positive side of it was having the opportunity to meet and work with such a variety of groups from different communities across Saskatchewan – sharing their opinions for this Review. The Panel Members that we had assisting us with this Review were inspirational and very supportive. It has been a pleasure to have met and gotten to know all of you. The Review Team was my extended family during those long hours away from home; we shared tears, but mostly laughter that I will always remember. Thanks guys...

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Executive Summary

Every effort must be made to support families to care for their own children while ensuring that the children who are in care are safe and receiving quality services. Removing children from the care of their parents, extended families and communities is very painful for everyone, but especially for the nearly 3000 children in care in Saskatchewan.

The need for a comprehensive and public review of the services provided for children and youth living in foster care was identified by a number of concerned individuals and groups across Saskatchewan, particularly young people already in care. In addition, prompted by tragic events in 1997, the Minister of Social Services requested that the Children's Advocate undertake a review of the needs of children living in foster care.

Completed in April of 2000, the goal of the *Children and Youth in Care Review* was to develop recommendations to assist the government in creating positive change for children in care in Saskatchewan. The Review consisted of an extensive examination of the literature, public and individual consultations with more than 1,100 Saskatchewan residents and a review of a random sample of files of children in care.

Ten themes emerged during this Review. These themes outline directions for the government and the community to take in the future to address the needs of children living in care. Aspects of each of these themes were presented to the Review Team by virtually every group or individual consulted. The Review generated seven primary recommendations and 45 sub-recommendations that focus on improving services for children in care.

Making these recommendations a reality will be the main challenge following this Review. What will happen next will depend on everyone – from politicians, government officials, children, parents, community leaders, First Nations and Metis Nation people and others. The 52 recommendations are intended to offer an invitation to government to work with community members to create a joint vision for the future. While the practice issues identified in this Report must be addressed, the Report highlights the need to involve community members in shaping a child welfare system that will best fit the the needs of the people it serves.

LISTEN to Their Voices! If you do nothing else when you read the Child and Youth in Care Review, I urge you to really listen to the voices of the courageous and passionate people who shared their stories. I believe that if you read the Report with an open heart, you will find a way to take action to make the lives of all children, especially those who live in government care, better. Think about how to make an idea work and if you don't agree with what I have offered, offer something else. Leap in and stay involved in working together for positive change!

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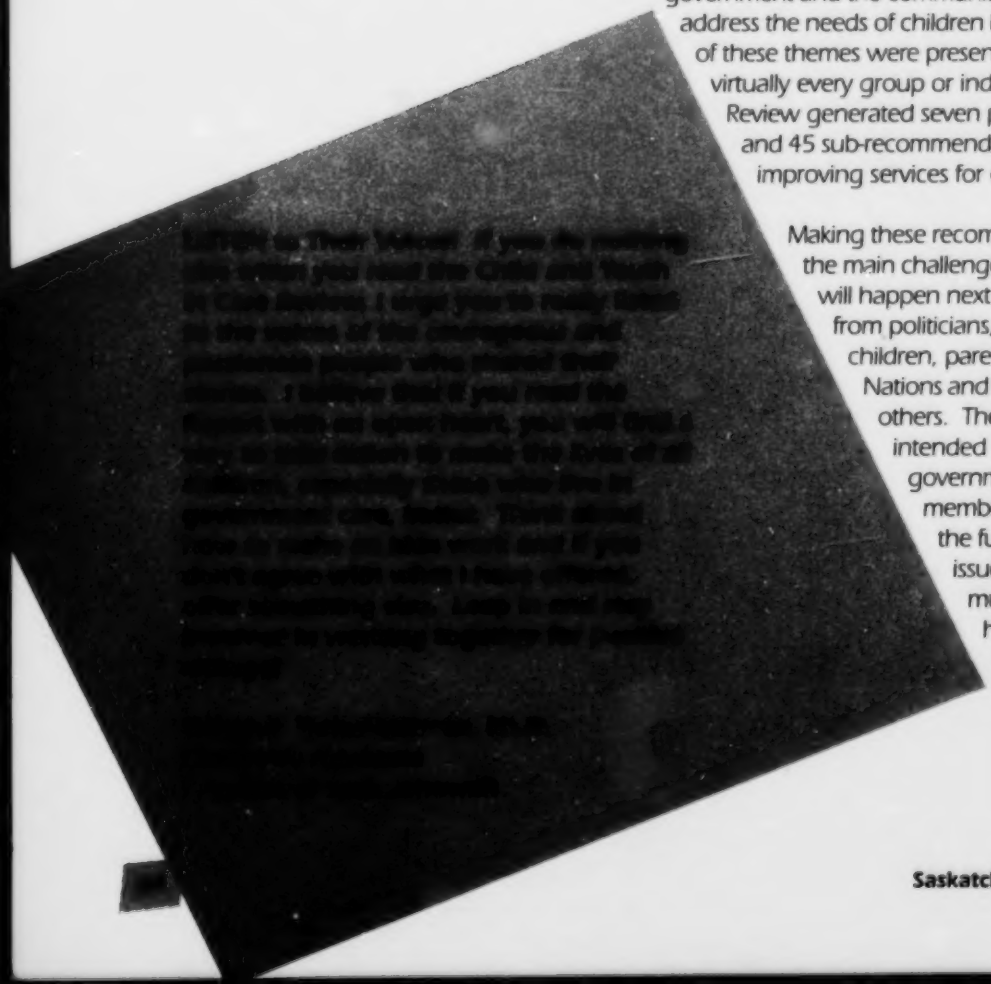

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Directions for the Future
Major Themes

- **Listen to Children and Youth:**
  Listening to children and youth is absolutely essential to developing and implementing good family services policy. Best practices must include what young people have to say.

- **Provide Time and Resources to the Caregivers:**
  Those who meet the parenting obligations of government, especially foster parents and social workers, must have the time available to carry out their obligations compassionately and competently. Caretakers without proper support and lacking the time to give attention to children and youth, run the risk of continuing the neglect and abuse that brought the children and youth into care in the first place.

- **Make Practices Consistent with Policies and Legislation:**
  The legislation, policies and standards that direct foster care practice are generally sound. Practices are not consistent with the legislation and policies. This contributes to most of the failures or problems in the foster care system.

- **Be a Responsible Parent Yourself:**
  Government as the parent must at least meet, and preferably should exceed, the standard for parenting the children in their care that we, its citizens, set for ourselves as parents.

- **Work with First Nations and Metis Nation People and Stop Putting So Many Aboriginal Children into Care:**
  The over representation of Aboriginal children in care raises grave concern and calls for a special strategy. It is an outrage that about 70 percent of the children in care in Saskatchewan are Aboriginal children. First Nations and Metis Nation families and governments must be the leaders in creating a solution to this most urgent issue. This must be a priority, not only of the provincial government, but of First Nations and Metis Nation governments.

- **Protect the Traditions and Cultural Values of the Children Who Are in Care:**
  Social services should be delivered by individuals sensitive to the importance of traditions and culture in the lives of the families being served. All persons involved in caring for and supporting children and families must learn to be respectful of differences and to welcome diversity.

- **Involve the People Who Care:**
  Service planning and decision-making in child welfare must find a way to give voice to and mobilize community and family strengths. Children, youth, parents, extended family members, foster parents, First Nations and Metis Nation governments and agencies, teachers, pediatricians, and mental health workers, all need to be involved in finding creative solutions to problems.

- **Reduce Child Poverty:**
  The issue of poverty must be addressed. Poverty is the major factor in the lives of many families whose children come into care.

- **Invest Earlier in Children and Families:**
  Research on early childhood development has made it clear that the first months and years of a child's life are critical to determining a child's future potential. Investments must be made to support children and families before problems arise or immediately as they emerge, in order to prevent children from coming into care.

- **Don't Expect a Quick Fix:**
  There is no single solution that will remedy the complex issues presented by families in crises. All helping organizations, including provincial government departments, schools, health care professionals, the judicial system and community members must recognize their responsibilities and take action.

Primary Recommendations

RECOMMENDATION 1

That all government departments and agencies provide children and youth with a right to participate in planning for their care.

RECOMMENDATION 2

That every child in care has a comprehensive, child-based plan of care that recognizes the importance of stability in the child's life and that honours the continued involvement of family, extended family and community.

RECOMMENDATION 3

That foster families, Persons of Sufficient Interest and Alternate Caregivers be provided the supports they need to ensure that the children in their care are provided, to the maximum extent possible, the special protection and care to which they are entitled.

RECOMMENDATION 4

That formal decisions about children in care and their families are timely and that fair procedures are in place for all people involved, including the children, their parents, the foster parents and the DSS staff.

RECOMMENDATION 5

That all government departments and agencies that serve children and families make the needs of children who live in foster care or other out-of-home placements a priority. The supports needed to assist these children are not only the responsibility of the Minister of Social Services. All children, particularly those whose parent is essentially the government, deserve the same access to Health, Education, Justice and other government services as children who live with their natural families.

RECOMMENDATION 6

That all provincial government departments and agencies that provide services to families, particularly those involved in the child welfare system, undertake to provide to the maximum extent of their resources supports to help families out of poverty.

RECOMMENDATION 7

That provincial government departments and agencies establish a broad-based community approach to child welfare.

Part I
Introduction

The information in this section of this Report was originally included in an information booklet, which was widely distributed across Saskatchewan. This booklet included an invitation to participate in a discussion of issues faced by children and youth in care in Saskatchewan. The overwhelming response to this invitation shaped the direction of the Review and the recommendations contained in this Report. In Part I, I have provided you with an overview of the background, purpose, mandate and scope of this Review. A detailed description of the process I used to conduct this Review is included.

Background

Young people in and from care have raised many concerns about their treatment. They have expressed a strong desire to have a voice in shaping changes and solutions which will ensure that, in the future, children in care are consistently treated with dignity and respect.

Aboriginal peoples are increasingly assuming responsibility for planning and decision-making for First Nations and Metis children. Ensuring that all children are protected and cared for in the context of their family and culture has received greater attention, particularly for Aboriginal children living in the care of government.

The Saskatchewan government has endorsed the United Nations *Convention on the Rights of the Child*, which was ratified by Canada in December 1991. Saskatchewan children in the care of the government, like all children, are entitled to have their rights protected, as defined in this Convention. These rights include:

- the rights of children and youth to express their views and participate in decisions that affect their lives,
- the right to special protection for children who are temporarily or permanently deprived of family,
- the rights of children to be protected from abuse, and
- the rights of indigenous children to culture, family and language.

The need for a comprehensive and public review of the services provided for children and youth living in foster care was identified by a number of concerned individuals and groups across Saskatchewan.

A tragic event in September 1997 also brought considerable attention to stresses within the foster care system. Karen Rose Quill died while living in a foster home and in the care of the Minister of Social Services. In response to a request made by the Minister of Social Services, an external independent review of the Department of Social Services' (DSS) involvement in Karen's life and of the circumstances of her death was undertaken by the Children's Advocate. In addition to a review of Karen's death, the Minister of Social Services also requested that the Children's Advocate undertake a review of the needs of children living in foster care.

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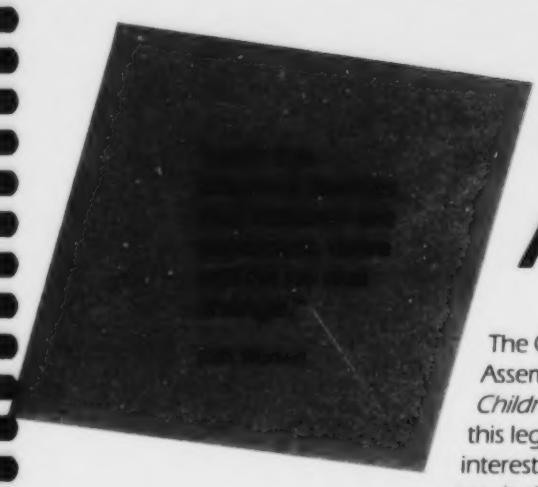
Purpose

The goal of the Review was to develop recommendations to assist the government in creating positive change for children in care in Saskatchewan. The objectives of the Children and Youth in Care Review were to:

- make practical recommendations for changes to practice, policy and legislation as these impact on children and youth living in care in order to ensure they are treated with the dignity and respect to which they are entitled.
- develop and offer a statement of vision or direction for the future for children and youth in care.



Mandate and Authority

The Children's Advocate is an independent officer of the Legislative Assembly of Saskatchewan and acts pursuant to *The Ombudsman and Children's Advocate Act*. This review was conducted in accordance with this legislation. The mandate of the Children's Advocate is to protect the interests of, and act as a voice for children when there are concerns about provincial government services. The Children's Advocate engages in public education, works to resolve disputes, and conducts independent investigations. The Children's Advocate also recommends improvements to programs for children to the government and/or the Legislative Assembly of Saskatchewan. The mission of the Children's Advocate is to ensure that the rights of children and youth are respected and valued in our communities and in government practice, policy and legislation.

Scope

This Review examined practices, policies and legislation as these pertain to children and youth in the care of the Minister of Social Services. Children in care with First Nations Child and Family Services Agencies (FNCFSAs) were not directly included in the scope of this Review, although the interface between FNCFSAs and the DSS was considered.

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"Until this province decides that children are important, there will be no real change."

(DSS Worker)

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Review Process

Guiding Principles

The Review identified the following principles. The Review Team made every effort to be:

- inclusive and respectful of all stakeholders.
- respectful of the voices of young people who are in or from care.
- respectful of the approximately 65 percent of children in the foster care system who are of First Nations or Metis Nation ancestry.
- focused on the establishment of a future direction for foster care services rather than reviewing individual grievances arising from past practices.
- child-centred. All information and concerns were examined in terms of impact on the child.
- conducted in the context of the general operating principles of the Children's Advocate Office, which stress that all people, particularly children, must be treated with respect recognizing their inherent dignity as human persons.

In addition, the confidentiality of participants in the Review was respected.

Structure

The Children's Advocate Office was responsible for directing and completing this Review. The Children's Advocate was responsible for finalizing the content of this report and the recommendations, although many others contributed to its development.

The Terms of Reference for this Review were finalized in the fall of 1998 and the Review Team was established. This Review Team – Deborah Parker-Loewen, Children's Advocate; David Macknak, Review Coordinator; Christine Gaudet, Youth Facilitator; Eunice Bergstrom, Research Assistant; and Gloria Hubert (nee Rediron), Administrative Assistant – began working on the first Phase of the project that fall.

A multi-sectoral panel of key stakeholders (Appendix A) was also invited to come together to advise and guide the activities of the Review Team. Panel members assisted in all phases of the project, particularly in the development of the documents and reports produced by the Review Team, in the community-based consultations, and the formation of recommendations.

The Review consisted of three distinct Phases.

Phase I – September 1998 to April 1999

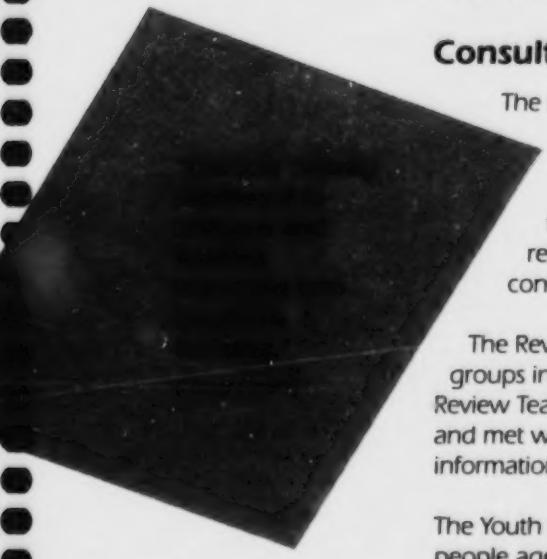
A comprehensive background paper was prepared which provided a review and analysis of existing research, legislation, policies and practices as these affect children and youth in care. (Saskatchewan Children's Advocate Office, 1999)

By April 1999 the Review Team, with input from the Panel, had developed and widely circulated an information booklet based on the issues identified in the comprehensive paper. Interested persons and groups were invited to submit responses or to request a meeting with the Team. This booklet was sent to all foster families, elementary and high schools, First Nations agencies and Tribal Councils, Metis organizations and Health Districts as well as to Social Services offices and many community-based groups. In all, over 4,000 copies of this booklet were mailed out and another 2,000 were distributed by the Team during Phase II of the Review.

The Department of Social Services, with the Children's Advocate and the Provincial Ombudsman, identified a process that would be used to review any historic issues that individuals might identify during the consultations.

Phase II – May 1999 to December 1999

Consultations



The Review Team directly contacted key stakeholders and offered to meet with them to discuss their concerns about the foster care system in Saskatchewan. Public consultations with key stakeholders were then organized throughout Saskatchewan. Panel members also took responsibility for arranging consultations with groups they represented and where possible, Panel members participated in the consultation sessions.

The Review Team travelled across the province to meet with individuals and groups in most of the major centres in the province (See page 137). The Review Team met with 92 groups, received written and e-mailed submissions and met with several individuals who requested private opportunities to share information.

The Youth Facilitator on the Team, Christine Gaudet, met with 164 young people aged eight years to 24 years. Christine, herself formerly in care, facilitated opportunities for these young people, all of them in or from foster care, to share their views. These interviews occurred mostly in private and occasionally in larger groups.

In total, well over 1,100 people responded to the invitation to be included in this Review. (A complete list of consultation participants is listed in Appendix B.)

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"The low priority attributed to children and families translates into insufficient funding."
(Foster Parent)

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During these meetings, the advice of the participants was carefully recorded into a laptop computer, in their exact words as much as possible. With the use of qualitative analysis software, these recordings were sorted by subject. All of the information for each subject was considered in preparing this report. While not all of the information has been shared in this document, an attempt was made to include many voices.

File Review

While the consultations were occurring, a file review was conducted. A format for the file review was prepared with input from the DSS. Two former senior staff of the DSS, J. Robison and B. Holzer, conducted the review of the files.

Phase III – January to March 2000

Developing Recommendations and Compiling the Final Report

"Thank you for listening... it really helps just to get to say these things."

(Consultation participants)

The Panel was invited to provide final input and make suggestions for recommendations prior to this report being finalized. The support and advice of the Panel was extremely important to this process. Panel members were encouraged all along to raise issues and concerns—there was not complete agreement and debate was welcomed. As many of the recommendations in this report demonstrate, there is a real need for continued community input into finding ways to support children and families. This Panel proved to be an effective way to begin to get this much-needed involvement.

Some of the recommendations in the report were drafted with Panel members at a two-day working session in December 1999. Other recommendations were developed by the Review Team after consideration of the information obtained throughout the Review. The Final Report was prepared with the Review Team and the staff in the Children's Advocate Office. Many decisions were made as this Report was finalized. Every effort has been made to keep the Report true to what was heard from the participants.

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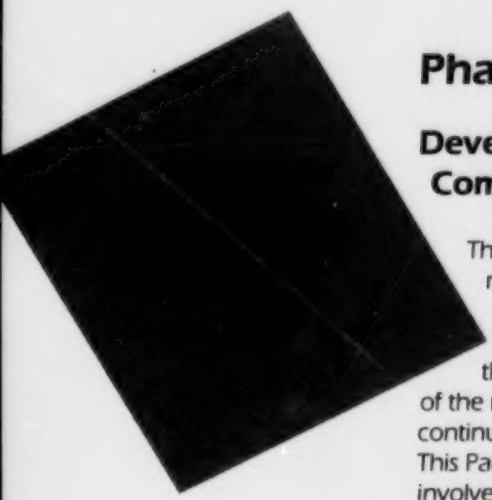

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Part II
The Current Situation & General Findings

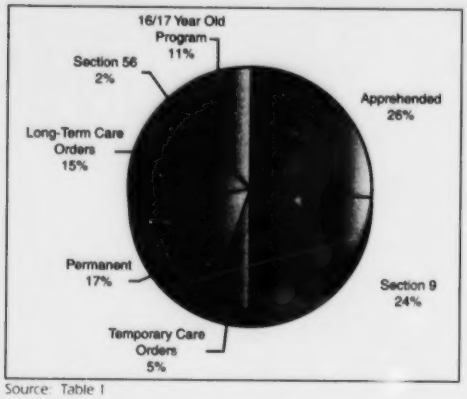
It seemed important to answer some basic questions about the children who are in care in Saskatchewan. In this section, you will find some statistics about children in care. I chose to provide you with information from one point in time — March 1999, as this is the year end reporting time for the Department of Social Services. The most important figure in this whole report is the fact that 57.8 percent of the children who were in care March 31, 1999 were members of a Saskatchewan First Nations and a further six percent of these children were Metis. The over-representation of First Nations and Metis children in out-of-family home placements is very disturbing.

Ninety-eight files of children in care were examined. I wanted to know how well the Department of Social Services was complying with their own policies — at least on paper. This file review presented us with many challenges and these are identified in this section of the Report. The information I have provided from these files is as accurate as we could make it — yet I still lack confidence because the files themselves were generally not in good shape.

I know that some of you will be reading this thinking — what happened after the Children's Advocate made recommendations in her report of Karen Quill's death? I have provided you with a summary of the action taken on those recommendations. As you will see as you read on, in many ways this report is a continuation of those recommendations.

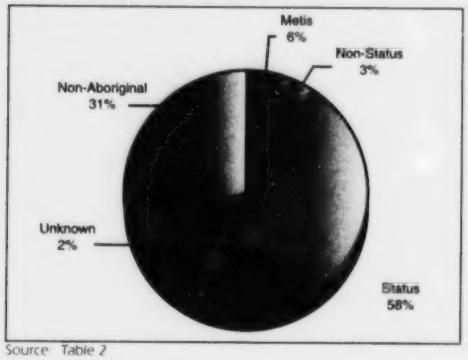
The Current Situation

Figure 1. Children/Youth in Care by Nature of Involvement, March 1999 (n=3030)



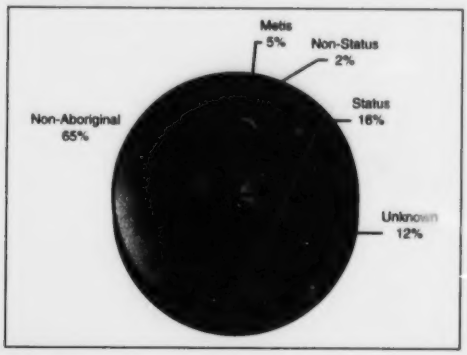
Source: Table 1

Figure 2. Constitutional Status of Children/Youth in Care at March 1999 (n=2710)



Source: Table 2

Figure 3. Constitutional Status of Youth Under Section 10 Agreements, March 1999 (n=320)



Source: Table 2

Who are the Children?

Children in the care of the Minister of Social Services come from many backgrounds and situations. A snapshot of the foster care system revealed that as of March 1999:

- There were 2,710 children in the care of the Minister of Social Services, with an additional 320 youth receiving services under Section 10 agreements for 16 and 17 year-olds. Section 10 agreements are those in which the youth enters an agreement with the DSS on their own behalf.
- Approximately 31 percent of children in care were non-aboriginal, while over half of all children in care had treaty status.
- Approximately 61 percent of children in care were 11 years of age or younger.
- The DSS reported that there were 842 approved foster homes in Saskatchewan.

In addition to the children in care under the authority of the DSS, the Review Team was informed that there are about 200 children in care in Alberta that are members of Saskatchewan First Nations bands and approximately 800 First Nations children currently in care of FNCFS agencies.

Why are so many First Nations children in care?

Part of the answer to this question is emerging out of recent efforts by a number of writers to research and record the history of Native residential schools. Residential schools were established ostensibly to provide Aboriginal children with knowledge, work skills and the confidence needed to integrate successfully into the dominant society (Miller, 1996). Some bureaucrats and politicians publicly declared the Federal government's intention to assimilate all Aboriginal people into the majority culture (Chrisjohn, 1997). The residential schools, run by the Christian churches, were considered by government to be the main tool to accomplish this. The churches were prepared to take on the role in order to further their missionary goals.

Table 1: Children/Youth in Care by Nature of Involvement Under *The Child and Family Services Act*, March 1996 to March 1999[1]

NATURE OF INVOLVEMENT	NUMBER OF CHILDREN/YOUTH			
	March 1999	March 1998	March 1997	March 1996
Apprehended, Matter before Courts	791	735	617	618
Section 9: Voluntary Agreements	727	643	570	628
Temporary: One year or less	162	173	185	114
Permanent: Until age of majority	510	569	607	670
Long-term care orders	446	353	296	228
Section 56: Agreement for service to previous ward 18 to 21 years, so that education may continue.	74	63	63	48
Total in Care	**2,710**	**2,536**	**2,338**	**2,306**
16/17 Year-Old Program[2]	320	348	78	228
Total Children in Care under The Child and Family Services Act	**3,030**	**2,884**	**2,416**	**2,534**

Note 1: Excludes children in care of the Community Living Division.

Note 2: Includes only those youth in this program under a Section 10 agreement. Services for 16 and 17 year-olds became a separate program in 1995-96. It combines child welfare, youth services and income support for youth and provides a single entry point for services. Because it was a new program, tracking systems were in development. There was initial reporting of the youth being served in 1996, incomplete reporting in 1997, then full reporting from 1998 onward.

Note 3: Case management is currently provided to 179 of the children in care by a First Nations Child and Family Services Agency (FNCFSA). Children brought into care by FNCFS agencies are not included.

Source: Saskatchewan Social Services. (March, 1999). *Quarterly Statistical Reports*. Regina: Author.

Table 2: Age and Constitutional Status of Children/Youth in Care at March 31, 1999[1]

Age	Metis		Non-Status		Status		Unknown		Non-Aboriginal		Totals	
Less than 1	4	3.9%	0	0.0%	58	56.9%	5	4.9%	35	34.3%	102	3.8%
1-5 years	37	5.3%	11	1.6%	469	67.7%	3	0.4%	173	25.0%	693	25.6%
6-11 years	43	5.0%	31	3.6%	569	66.3%	10	1.2%	205	23.9%	858	31.7%
12-15 years	46	7.0%	21	3.2%	321	48.9%	22	3.3%	247	37.6%	657	24.2%
16-17 years	21	8.5%	8	3.3%	95	38.6%	15	6.1%	107	43.5%	246	9.1%
18 & over	15	6.1%	5	2.0%	54	22.0%	8	3.3%	72	29.3%	154	5.7%
Total	166		76		1,566		63		839		2,710	
% of Total		6.1%		2.8%		57.8%		2.3%		31.0%		100.0%

Sub Program	Metis		Non-Status		Status		Unknown		Non-Aboriginal		Totals	
Section 10	17	5.3%	6	1.9%	50	15.6%	38	11.9%	209	65.3%	320	100.0%

Note 1: Case management is currently provided to 179 of the children in care by a First Nation Child and Family Services Agency (FNCFSA). Children brought into care by FNCFS agencies are not included.

Source: Saskatchewan Social Services. (March, 1999). *Client Index System*. Regina: Author.

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Aboriginal people traditionally valued the knowledge, skills and wisdom that came with education. They wanted their children to be educated and they embraced the opportunity offered by the government and churches. This, combined with the power of Indian Affairs officials to force children to attend school and remove children from their families for any reason, meant that many Aboriginal children attended residential schools.

Armitage (1993) estimates that 50 percent of First Nations children living between 1867 and 1960 experienced residential school. In Saskatchewan in 1936, 77percent of school-age First Nations children were in residential schools.

There are positive stories, mainly from those who were day students, or those who were permitted frequent contact with their families, or were fortunate in having compassionate caretakers. Unfortunately there are more reports of negative experiences in residential schools, stories of physical, emotional and sexual abuse, numbing loneliness, separation from family, and being banned from practising language and culture. The effects of these negative experiences have been visited on ensuing generations of family members.

"Why are so many First Nations children in care? ... Part of the problem is systemic racism. The full impact of this on the child welfare system is unclear, but the biases of professionals from the dominant culture who intervene with Aboriginal families to provide assessments, case planning and treatments are considered to be contributing factors."

(Retired Social Worker)

The list of effects include: low self-esteem, alcoholism, family breakdown and violence, loss of language, loss of knowledge of cultural traditions and values, marginalization from the mainstream community, suicide, homicide, and lack of parenting skills from having been raised in institutions without parental role models and/or with caretakers modelling violent behaviours.

When the Federal government began closing residential schools in the 1960's, the numbers of children in foster care began to rise. Foster care and adoption became the solution to perceived family dysfunction. The effects of long stays in foster care are not dissimilar to those of residential school stays. The cumulative, multi-generational effect is that large numbers of Aboriginal children have been significantly damaged and in turn pass on that damage to their children when they become parents.

The first step in discovering a remedy seems to lie in acknowledging the abuses of the past, acknowledging the actual and potential damage to residential school and foster care children due to long periods of separation from family and community. The next step involves finding ways to assist those injured to heal, and most importantly, finding alternatives to bringing children into care for long periods of time and risk perpetuating the abuse and the effects.

Providing First Nations people with the resources and the authority to address the issues themselves is an essential component in taking these steps. In this light, the establishment and development of FNCFS agencies, which is well under way, is crucial and the continued support of all governments in this endeavour must be applauded.

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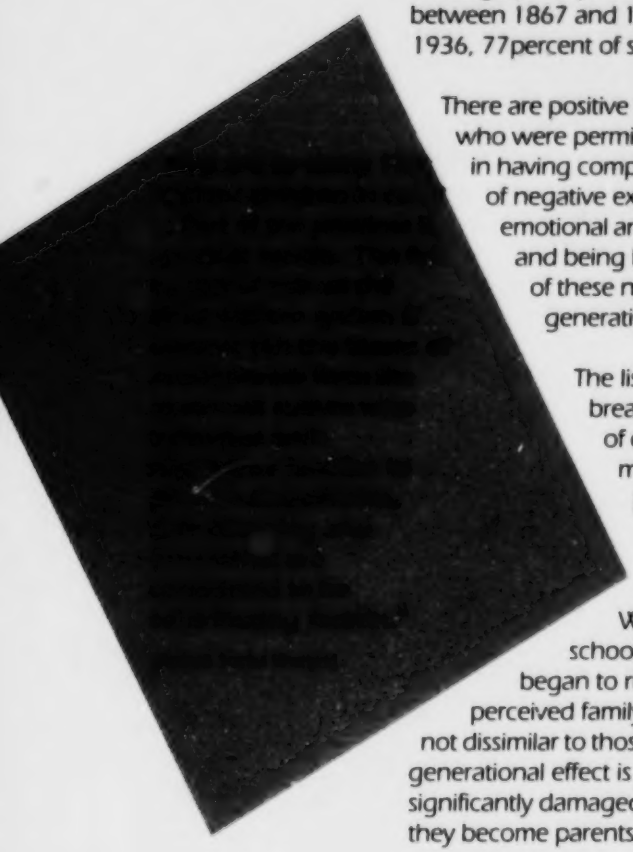

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From the File Review

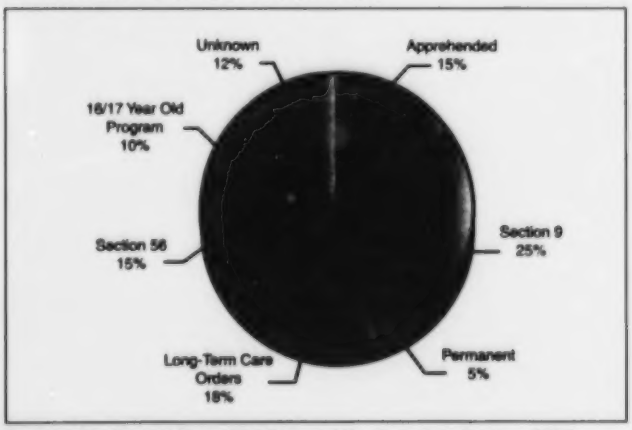
Ninety-eight (98) files of children and youth in care in Saskatchewan were reviewed. These files were randomly selected from the DSS Automated Client Index records. Stratified sampling was used to ensure that a proportional number of files would be selected from each Region throughout Saskatchewan. The sample size was chosen so that the results would be representative of the children in care 19 times out of 20, with a level of precision of +/- ten percent.

The child care file, the protection file, and the current foster family file that related to each child were examined.

The main purpose of conducting the file review was to determine whether the policies and standards that are in place to safeguard and protect the best interests of children in care are being followed. Many concerns were confirmed by the file review and, in some areas, excellent practices were noted. The file review also provided an opportunity to track some of the trends and general experiences of children in care. Finally, the file review gave an indication of how informative the files are about these children.

A comparison of the characteristics of the sample from the file review with the characteristics of the actual population of children in care demonstrated that the sampled population is representative of the total population. An exception was that the "unknown" category concerning constitutional status is over-represented and the "non-Aboriginal" category was under-represented in the file review. Where this information was not available in a file, their status was attributed to "unknown." When the "unknown" and the "non-Aboriginal" categories are added together, the total closely resembles that for the actual population of children in care. The legal status of the children whose files were reviewed is provided in Figure 4.

Figure 4. Children/Youth in Care by Nature of Involvement, June 1999 (n=98)



Source: File Review Data, Children and Youth in Care Review, 2000.

Twelve of the sample of 98 files were closed, although only open files were requested for the file review. This is a significant number and raised a general concern about the accuracy of the statistics the DSS provided to the Review Team. The number of children in care at any one time could be dramatically different from the number actually in care when over ten percent of files believed to be open were in fact already closed. The Review Team found that many files lacked accurate and up-to-date record keeping. When these problems existed, every effort was made to find some record of an activity.

In order of frequency, the reasons given for children being in care are listed below. It should be noted that these categories are not mutually exclusive and some overlap does exist.

1. No adult willing and able to provide care
2. Physical harm
3. Parental addictions
4. Medical needs of child
5. Parent and teen conflict

Fewer than ten percent of the children were in care because they were waiting court proceedings.

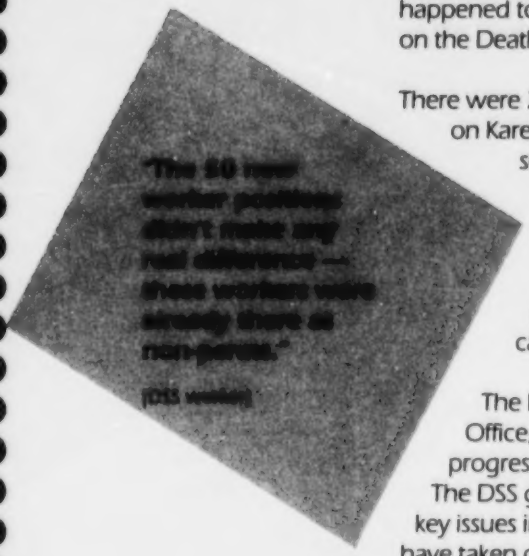
The findings of the file review are distributed throughout this Report, in the appropriate sections, according to subject matter. The relevant policies and standards from two Saskatchewan Social Services manuals, *Family-Centred Services Manual,* 1997 (FCSM), and *Children's Services: Policy and Procedures Manual,* 1996 (CSPPM), are also provided, so that comparisons of policy and practices can be made. Data is presented in terms of percentages in relation to the variables described. For some variables, the total sample of 98 was not applicable and this is noted.

Overall, the file review successfully provided a gauge of compliance with provincial standards. It also revealed some information about general practice and some patterns in foster care. Approximately one-quarter of the files were very well documented, while a similar proportion were very poorly documented. An obvious difficulty in interpreting compliance with standards from these files is that there may be a gap in recording, rather than a void in meeting the standards.

A major observation from the file review was that significant amounts of information were not available in the files. Secondly, the information contained in the files was often difficult and time-consuming to locate. It was also difficult to determine if all the relevant information about a particular aspect of a child's life had been located.

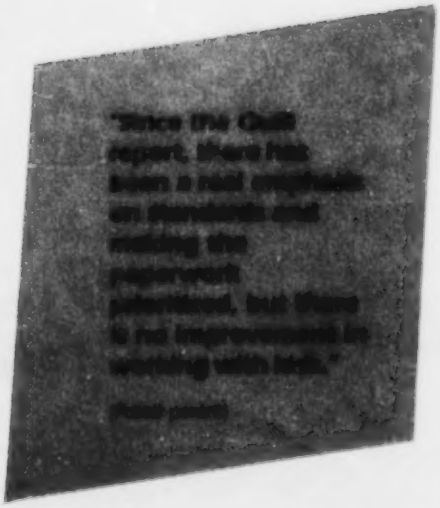
Recommendations from the Report on the Death of Karen Quill

The Review Team was asked at almost every consultation meeting, "What happened to the recommendations the Children's Advocate made in the Report on the Death of Karen Quill?"



There were 27 recommendations made to the DSS in the June 1998 CAO report on Karen's death. These recommendations were intended to improve services to children, better protect them and reduce the number of child deaths. Have these goals been met? Firstly, Karen's death prompted this current Review which in some ways is a legacy to Karen and a follow-up to the recommendations made previously. The report on Karen's death and this Report are progressive steps towards a long-term goal of promoting quality care for all children and their families.

The DSS has provided two progress reports to the Children's Advocate Office, February 3, 1999 and December 2, 1999, in which they detailed progress on the recommendations following the review of Karen's death. The DSS grouped the 27 recommendations into five themes which relate to key issues in child welfare. The DSS provided information on the actions they have taken on the recommendations. A breakdown of the DSS responses to the 27 recommendations is listed in Appendix D of this Report.



The DSS identified that they are continuing to work toward consistent compliance with policy and procedures. This Review significantly reinforces that observation. The progress that the DSS reported is significant. While there is clearly still a lot to do to plan and implement changes to further safeguard children, the DSS actions to date should not be minimized. The DSS must be commended for the specific work they have done thus far to improve services to children. The clarification of policy is an important step in ensuring that children and families receive the care and attention they require. The new Children's Services Manual, practice directions to case workers, case audits and the formal, annual review of foster homes are mechanisms being used to strengthen case practice. It will be important to continue to monitor how non-compliance is managed by the DSS once these steps are fully implemented.

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"The 50 new worker positions didn't make any real difference — these workers were already there as non-perms."

(DSS worker)

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"Since the Quill report, there has been a real emphasis on standards and making the paperwork prioritized, but there is no improvement in working with kids."

(Foster parent)

It should also be noted that, in addition to the actions identified on the specific issues, the DSS has, in consultation with the Child Welfare League of America, undertaken strategic planning and program development working towards a redesign of child welfare services. A three to five year plan is being developed and stakeholders will be included in developing the proposed strategies.

Unfortunately, many people we heard from were discouraged and expressed the opinion that "nothing has changed since Karen died." DSS staff were particularly distressed by what they perceived to be a lack of response to the recommendations made by the Children's Advocate. In addition, the Review Team heard from DSS staff that they are experiencing increased administrative expectations as a result of attempting to comply with the recommendations. In their view, this limits their time for client contact. It is important to find concrete ways to translate the progress to frontline caseworker practice and experience.

Clearly the steps that have been taken thus far by the DSS are just a beginning. Many of the ongoing and remaining issues are broader systemic issues that will require continued and consistent support and quality assurance audits. This Review is one more way to ensure that practice is consistent with policy.

As you will see throughout the report and in the Appendix, many of the Review recommendations continue or expand the recommendations made in the report on Karen's death.

The Children's Advocate Office continues to monitor policy compliance by systematically reviewing the deaths of all children in foster care. The tragedy of Karen's death reinforced the need for an independent review of child deaths, especially when the child was receiving services or care from the government.

"There hasn't been any real difference since the hiring of more workers. There seems to be more workers, but four went to the Placement Unit, two more to the Aboriginal Unit, some went into Resources, one into intake. None went to lessen childcare caseloads, except maybe the two in the Aboriginal unit. The numbers haven't gotten any better—hasn't relieved the overwork for anyone."
(DSS Worker)

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Part III Listen to Children & Youth

"The worst thing about being in care for me was that a whole bunch of people who didn't really know me were making decisions about me that would affect the rest of my life."

(Youth formerly in care)

Listening to children and youth was identified as one of the most important endeavours of the Review. Listening to the opinions and stories of youth and children who are in care or have been in care and recording this information was critical to this process. It was not known what, if anything, youth and children would want to contribute to the formal consultation process. The results were beyond what the Review Team imagined.

One hundred and sixty four (164) children and young adults who are in care or had been in care participated in the consultation process. The youngest was eight and the oldest 24 years of age. Sixty-one (61) percent of the participants were of Aboriginal ancestry. They all shared their experiences in care and gave their best advice on how foster care could be made better for children and youth. Each participant displayed a deep wisdom and knowledge, not only about themselves and their families, but also on policy and practice as well. It became evident throughout the process that all youth who participated had gained this insight on foster care issues because of their experiences in care, not because of unique perceptive characteristics.

The words and ideas of youth have been used liberally throughout the report. The quotes attributed to youth are in the words that the participant used. These were chosen because they expressed most eloquently an experience or viewpoint that many youth shared.

RECOMMENDATION 1

That all government departments and agencies provide children and youth with a right to participate in planning for their care.

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A Right to Say

Many of the youth who participated in the Review were pleased to do so because the Review was their first opportunity to feel that someone was actually listening to their issues and concerns.

Review members heard that children and youth within the child welfare system want to have a voice in all decisions that affect them. They want to be informed about the plans for their future. Youth rarely felt listened to by those who intervened in the life of their family.

"Listen to the voices of children and youth" was the resounding main message received from participants in the Review. All youth participants reported feeling that the whole Family Services system operates without enough attention to what children and youth think or feel and without listening to their concerns. Children and youth want to be consulted more often in initial apprehensions, in decisions about their placement, and have a say in their ongoing case plan.

The major avenue for children and youth to have a voice in decisions affecting them is through their social worker. Many youth reported that communication is dependent on the quality of their relationship with their worker. When workers don't have the time, or when there is high staff turnover, relationships are not built. Consequently, workers don't know the truth of what the youth are saying, and may be manipulated by or mistrusting of those they don't know well.

In addition, children and youth stressed that half of having a "right to say" was being well informed. Children and youth pointed out that often if they "knew what was going on" it may have helped them during a confusing and scary time.

What They Said

- "If a kid is old enough to talk, then they should be consulted about everything. The excuse for not involving little kids in the decisions made about them is that they can't handle it or they don't understand. I think maybe workers don't want to deal with what they have to say. If they're doing something that they know isn't good for the kids, then no wonder they don't ever involve us." (Female, permanent ward, 15)
- "Listen to the children, ask them what is going on — if they trust you, they will tell you the truth." (Adult, formerly in care)
- "My worker said to me…to be honest, you haven't been making very good choices about other things, why should I listen to you about this? What she didn't realize is that if somebody was really listening to what I was saying and would do something about it, maybe I wouldn't be doing those other things." (Older youth, continued support agreement)

From the File Review

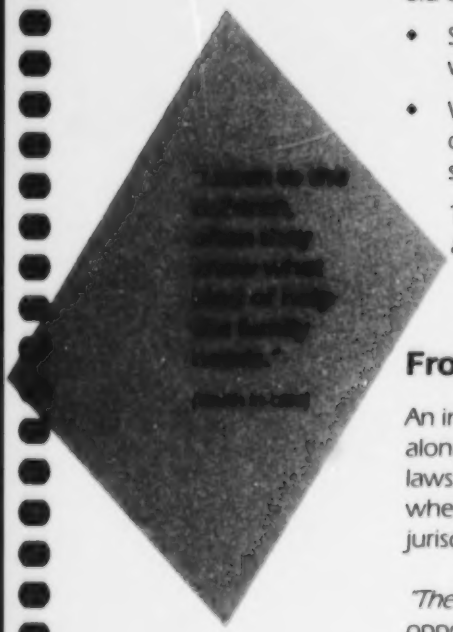
There are provisions in policy for the voices of children and youth in care to be heard, but the discretion of the service providers may act as a barrier. DSS policy states that, when age appropriate, each child must be interviewed separately from the caregiver a minimum of once every six months to ensure this child's needs are being met and to review case planning with the child. Of the files reviewed, 48 percent indicated that the appropriateness of a separate interview with the child or youth had been considered. Where considered, about one-quarter of the children and youth ranging in age from six to 18 (plus) years had been interviewed separately. Surprisingly, of those who were considered not to be age appropriate, over half were 12 years of age or older.

The numbers of children actually involved in their planning varied by age. Among children who were older than five years of age, just over 50 percent were involved in planning their care.

DSS policy also states that: "Where the child named in the agreement is 12 years old or over, the case worker:

- Should explain the agreement to the child, and where practicable, take the views of the child into account;
- Will discuss the details of the agreement with the child. Where appropriate, the caseworker may wish to have the child sign the agreement, although the child's signature is not required for the agreement to be binding." (FCSM)

Two of the children who were over 12 years of age had signed their care agreements.



From the Literature

An insider's view of the child welfare system is both unique and priceless. Youth, along with their parents and siblings, are the ones most affected by child welfare laws and policies. They cannot help but gain an intimate knowledge of the system when they struggle to navigate it on a daily basis. Children and youth in numerous jurisdictions have demanded a right to participate in decisions that affect them.

"*The Child and Family Services Act* in Saskatchewan provides children with very limited opportunities to be heard in judicial or administrative proceedings that affect them. Based on a review of the child welfare legislation in every province and territory in Canada, it is clear that Saskatchewan is the only jurisdiction in Canada that does not provide children in care with a legislated right to express their views in child welfare matters." (Interprovincial Comparison of a Child's Participation Rights in Child Welfare Matters, Saskatchewan Children's Advocate, 1997)

"Youth in care...told the inquiry that once the ministry becomes involved in their lives, crucial decisions about their futures are made without their input...Youth said that they are squeezed between their parents and the ministry, with no one to represent their particular interests....they want to be included in case planning and to have more control over decisions that affect them." (Gove Report , 1995)

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"As a child I was asking for help because of abuse at my natural home for nine years. It would be investigated and then they would listen to my parents who said everything is all right. Children need to be listened to."

(Young adult, taken into care as an older teen)

The major avenue for children and youth to have a voice in decisions affecting them is through their social worker. Many youth reported that communication is dependent on the quality of their relationship with their worker. When workers don't have the time, or when there is high staff turnover, relationships are not built. Consequently, workers don't know the truth of what the youth are saying, and may be manipulated by or mistrusting of those they don't know well.

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"Listen to the children, often they know what kind of help the family needs."

(Youth in care)

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"Until children are recognized as individual people with rights of their own, including developing rights to self-determination and equal rights to protection from all kinds of assault, they will continue to be dominated, degraded and abused and frequently will feel powerless to complain or stop the abuse." (Barford & Wattam, 1991)

"Young people in foster care have ample opportunity to reflect upon the system and their role in it. They generally share their observations with the network of friends and acquaintances they invariably develop among others similarly situated. For example, the reputations of group homes, institutions and hospitals become common knowledge throughout the network. In many ways, these youth know more about how the child welfare system works than most lawyers, judges, administrators and legislators." (Krebs & Pitcoff, 1996)

"Youth in foster care, ages 11-14 were asked about improving family foster care for children and families generally ...The children's suggestions for changes in foster care were mainly directed at improving the quality of information made available to children about the circumstances of the placement. Actions taken in the interest of protection were often confusing, frightening, and dehumanizing. In all, the children's suggestions ... had to do with keeping foster children informed about major events affecting their lives, reducing the upheaval and trauma associated with the events surrounding removal from their homes, and increasing information and contact among children, biological parents, foster parents, and workers...parents should know that their children miss them greatly, and also what is going on with their children in the family foster home; and children should know more about what is being planned by the adults." (Johnson, Yoken & Voss, 1995).

Recommendation 1.1

The Child and Family Services Act be amended to include participation rights for children in care. This includes the right to:

- be informed about their plans of care;
- an interpreter if language is a barrier to consulting with the child;
- be informed about and assisted in contacting the Children's Advocate;
- be consulted and to express their views, according to their abilities, about significant decisions affecting them;
- be informed of their rights and of the procedures available to them for enforcing their rights.

Consider . . .

- Ensuring that policy and practice standards clearly reflect the importance of involving children and youth in decisions that affect their lives. Children and youth can make important contributions, especially in the earliest stages of establishing a case plan.
- Providing workers with training from youth to ensure that they know appropriate ways to communicate with children and youth.
- Examining worker and other caregiver time with a view to removing barriers to forming open relationships.
- Ensuring that participation rights clearly prioritize giving children a say, NOT just informing them of plans that are already made.

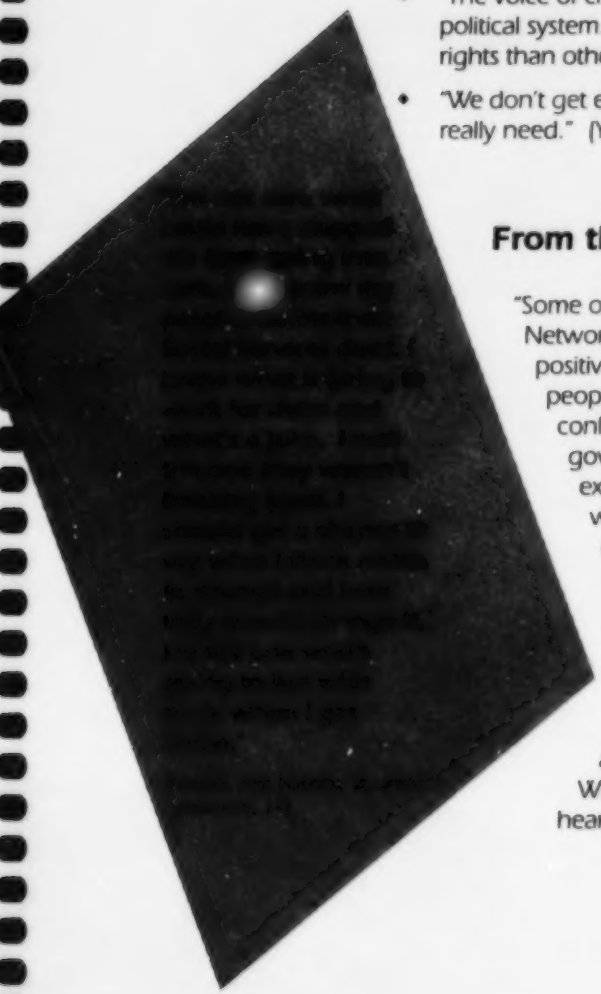
Youth Supporting Youth

Throughout the Review there was concern from children and youth feeling isolated and misunderstood. They feel they have no one to turn to if they do not have a good relationship with their worker, their foster parent or someone else.

An active Youth in Care Network was viewed as a resource to provide support and be a voice to collectively represent children and youth in care.

What They Said

- "No one understands better than those who have been in care themselves." (Youth in care)
- "I'm glad there was a system for me, because I had no other supports, but this was not a happy time for me." (Adult, formerly in care)
- "The voice of children is not strong, is not listened to, not listened to by the political system. Children with disabilities have even less of a voice and fewer rights than other children in care." (FNCFSA manager)
- "We don't get enough adult support...they (DSS) just don't realize what we really need." (Youth in care)



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"Some of the youth participants are involved in local Youth in Care Networks and/or the National Youth in Care Network. They had only positive things to say about their involvement. Several of the young people have participated in panel discussions, workshops, conferences and in meetings with child welfare authorities and government representatives. One youth described her experience: 'We (youth in care group) did panels where we would talk and speak our ideas about foster care and what could be helped and who we can help. I think you're educating a lot of people to get involved: foster parents, parents, other teenagers. Just letting them know. I think it's a lot better having a lot of people involved and helping each other out.'" (The National Youth in Care Network, 1996)

"If this book has any effect at all, perhaps it will ignite a desire among graduates of the system to help however they are able. Who else really understands what it was like? Who else could hear, really hear, what these children are saying?" (Kendrick, 1990)

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"I'm not sure what could have stopped me from going into care, but I know my parents better than Social Services does. I know what is going to work for them and what's a joke. I was the one they weren't treating good, I should get a chance to say what I think needs to change and how they should change it, I'm the one who's going to live with them when I get home."

(Female, First Nations, voluntary agreement, 14)

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"Young people everywhere are asking to be meaningfully involved in the issues that concern them. Yet systems, programs and services are not based on, or set up to incorporate, youth input. Initiatives need to be created with youth input so they meet the needs of young people, are used and are effective. Youth for youth initiatives, which are developed, managed and directed by young people with adult support, result in effective and meaningful youth involvement." (National Crime Prevention Council, 1997)

Recommendation 1.2

That a youth in and from care advisory network be established to provide support to youth in and from care and to advise government on policies and practices that impact children and youth in care. Sufficient and sustained resources and support must be provided to this youth participation process.

Consider . . .

- Creating a position within the DSS for a full-time adult resource person to advise the Saskatchewan Youth in Care Network. This person could assist the network to organize and provide ongoing advice and support for its activities.
- Employing people who have recently been in care to advise the DSS on policy and services, and to provide support to youth in care.
- Encouraging the Youth in Care Network to expand its activities.

M121

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Part IV
Family Services Practice

This is by far the largest section of this Report. The practice issues were the ones that were most talked about and that disturbed people the most. There was a general sense that the policies used to guide Family Services practice were sensitive and appropriate but that it was very difficult to stick to the policies in practice. We heard lots of reasons for this and many ideas for improving practice, most of which are reflected in this section.

Somehow those that work in the "system" need to feel that they have the necessary support to do their jobs. This support looks different for different people — depending to some extent where they are in the "system." It seems to me that frontline social workers and foster parents, in particular, need to be affirmed in their work. It is their duty to do their work with dignity and with integrity, in a professional and ethical manner — this goes without saying. Even in difficult circumstances, it is critical that children and families are treated with respect. On the other hand, social workers and foster parents want to be respected too. They need to know that they will have the resources and support to do their jobs in a quality way. This presents many challenges and these are outlined in this section.

RECOMMENDATION 2

That every child in care has a comprehensive, child-based plan of care that recognizes the importance of stability in the child's life and that honours the continued involvement of family, extended family and community.

Part IV Family Services Practice

"The system needs to operate as though every child is a worthwhile person."

(Parent with children in care)

This is by far the largest section of this Report. The practice issues were the ones that were most talked about and that disturbed people the most. There was a general sense that the policies used to guide Family Services practice were sensitive and appropriate but that it was very difficult to stick to the policies in practice. We heard lots of reasons for this and many ideas for improving practice, most of which are reflected in this section.

Somehow those that work in the "system" need to feel that they have the necessary support to do their jobs. This support looks different for different people — depending to some extent where they are in the "system." It seems to me that frontline social workers and foster parents, in particular, need to be affirmed in their work. It is their duty to do their work with dignity and with integrity, in a professional and ethical manner — this goes without saying. Even in difficult circumstances, it is critical that children and families are treated with respect. On the other hand, social workers and foster parents want to be respected too. They need to know that they will have the resources and support to do their jobs in a quality way. This presents many challenges and these are outlined in this section.

RECOMMENDATION 2

That every child in care has a comprehensive, child-based plan of care that recognizes the importance of stability in the child's life and that honours the continued involvement of family, extended family and community.

Training

There was discussion in many consultations about the need for more training and orientation for social workers. While it is generally understood that a Bachelor of Social Work or Bachelor of Indian Social Work (or equivalent) is a basic requirement for entry into the field, there was also recognition that the employer and the employee have a responsibility for ongoing training.

The Review Team heard that workers are not necessarily well informed about DSS policies and standards. Training programs that exist may be good; however, not every worker has taken the training.

"Does anybody who works there really know what the rules are? Every time I get a different worker I have to tell her what I should be getting. None of the other kids I've ever talked to were told the same rules as I was. Don't we deserve the same things?"

(Male, voluntary agreement, 14)

There were suggestions for more training for social workers on a variety of subjects. Some mental health workers and physicians specifically felt that social workers need training to better understand child development. Many groups and individuals raised the concern that more emphasis should be placed on the history of Aboriginal people in the training of social workers.

In addition, there was some support for having social workers who are "specialists" in particular areas such as medical needs, sexual abuse, or immigrant people. It was suggested that "specialists" could act as consultants to other workers, rather than creating another reason to shift children from worker to worker.

What They Said

- "New worker orientation consists of being given the manual and told to 'go for it.'" (DSS worker)
- "Preparation for Practice is an excellent program. It is not a prerequisite for practice, however." (DSS worker)
- "There's some deficiencies in specific training about how to handle specific behaviours like FAS, ADHD, sexual intrusiveness...real deficiency in training about what kids have gone through, and about what kids are feeling. Sometimes the workers have a very 'get over it' attitude. They don't understand how sexual abuse that occurred five years ago continues to affect children." (DSS worker)
- "Training for...social workers should include a three-day cultural camp on a reserve, contact with Elders, and a whole week course delivered by Aboriginal staff from an Aboriginal perspective." (First Nations worker)
- "People who work with Cree children need to know that Plains and Woodland Cree have different histories." (First Nations director)
- "Social workers don't know enough about Metis heritage and culture." (Metis social worker)

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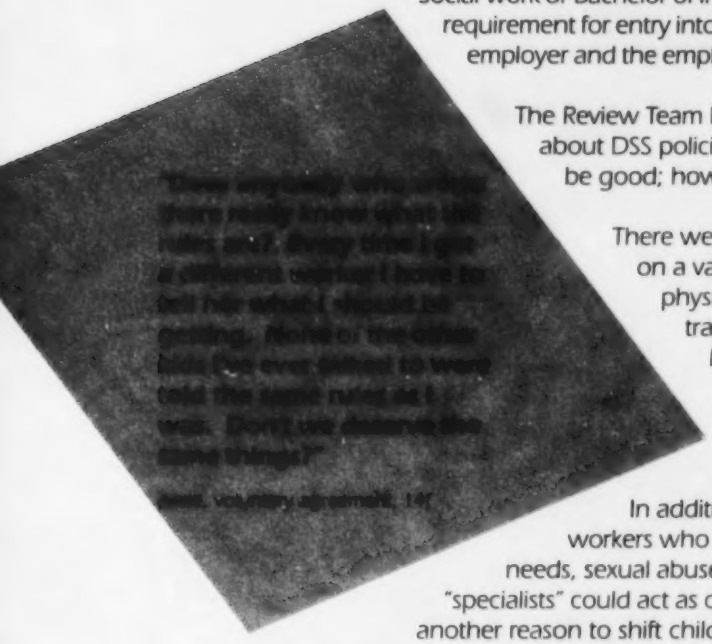

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Recommendation 2.1

That the Minister of Social Services provide DSS staff with the training, support and time needed to carry out their obligations as outlined in policy and best practice standards.

Recommendation 2.2

That a mandatory, extensive orientation and training program be completed by all new employees BEFORE they assume responsibility for child protection or childcare services. DSS workers must be given sufficient orientation and training to ensure that they know and understand their responsibilities.

Recommendation 2.3

That ongoing professional development be supported for all family services workers.

Consider . . .

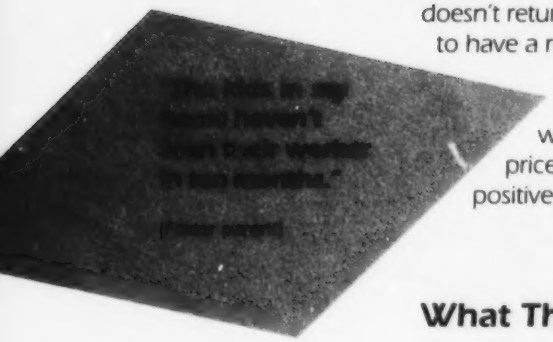
- Including in the orientation program:
  - an instructional component;
  - an opportunity for new staff to observe the practice of experienced workers; and
  - a staff mentoring component which would allow new staff to gradually take on a full caseload under the close tutorship and supervision of an experienced staff member.
- Requiring the completion of the orientation program regardless of the completion of a practicum placement with the DSS, unless the orientation program was a component of the practicum.
- Developing professional training courses, programs or resources for workers to attend courses on such topics as:
  - child development;
  - the developmental and emotional needs of children in care during different developmental stages;
  - attachment needs/disorders of children and youth in care;
  - separation and grieving of children and youth from families of origin;
  - cultural and sensitivity training;
  - medical and developmental conditions such as FAS and FAE, ADHD, HIV, hepatitis, cancer;
  - sexual abuse and sexual intrusiveness; and
  - Aboriginal traditions and culture.

Time and Workload

Building Relationships – Worker Contact

The Review Team heard about the importance of relationship building and personal contact between workers and the children and youth in care. Building an ongoing relationship between children and youth and their worker is seen to be the essence of good social work practice. When there is a lack of quality in this relationship or when children have little contact with their worker, children and youth feel very vulnerable in their placements.

When youth talk about their worker, they are likely to frame the issues in terms of their relationship, and the contact required to build it, such as "If my worker doesn't return my phone calls or never comes to see me, how are we supposed to have a relationship?" (Female, voluntary agreement, 14)



In contrast, youth who were able to build relationships with their worker reported that the time their workers spend with them is priceless. These youth described their workers as having a long-term positive effect on their lives.

What They Said

- "Because I never saw my worker, I didn't ever get a chance to ask her, when my foster parents weren't around, if they really had the OK (from the DSS) to be hitting me." (Male, status, YO)
- "I didn't even know I had my own worker…someone who was supposed to be there for me and answer my questions about what was going on…until I was moved at 13 and one of the other foster kids in the new place asked me if the woman who dropped me off was my worker." (Female, status Cree, formerly in care)
- "Resiliency studies (on child care outcomes) have shown that it is not the quantity of services that makes the difference, but rather the long-term quality contact with at least one person." (Institutional staff member)
- "There needs to be time to have contact with the kids…I haven't seen 30 percent of the kids on my caseload for eight months." (DSS worker)
- "It is especially bad for permanent, long-term wards to not have contact with their worker, because for them, the worker may be their family." (DSS worker)
- "Foster kids need their workers to take time to listen to them and check out what they're saying. Issues often aren't addressed because of the workload, and relationships between workers and foster homes. There's things going on that shouldn't be going on and it's sickening." (DSS worker)

From the File Review

"I had the same worker for seven years and I always felt like she was kind of like an auntie to me...she's originally from the same reserve as my dad and she taught me a lot of stuff about my people...when she moved to a different part of Social Services...she took me for coffee and told me she was not going to be my worker anymore because other kids needed her but that she would always care about me."

(Male, status Cree, long-term ward, 17)

As part of the File Review, compliance with contact standards were reviewed. Contact standards prior to policy changes as well as after the revisions were introduced were also examined.

The policies define requirements for worker contact with children as follows:

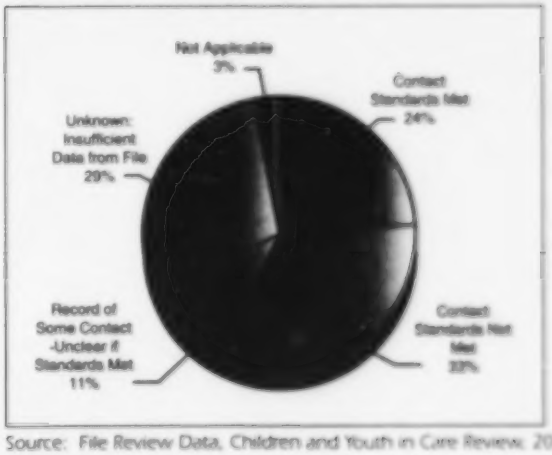
- "Each child must be seen a minimum of twice per month for the first two months of placement, and at least every six weeks thereafter. Contacts are not necessarily apart from the caregivers.
- When age appropriate, each child must be interviewed separately from the caregiver a minimum of once every six months. The purpose of this contact is to ensure this child's needs are being met and to review case planning with the child." (CSPPM)

Following the review of the death of Karen Quill, standards regarding worker contact with children were revised. The contact standards effective January 8, 1999, made additional requirements. "Minimum client contact standards now include the requirements that children placed in foster care have personal contact with their caseworker within two working days; that the majority of meetings between the caseworker and the child or the caregiver occur in the caregiver's home and that a Department of Social Services staff transport the child to the caregiver's home." (DSS Response to Quill Report, 1999)

Contact records were examined to determine adherence to the above standards. The files reviewed indicated that:

- For contact standards that were in place previous to January 8, 1999: In 24 percent of the files, contact standards were definitely met. In 33 percent of the files, the records indicated that contact standards were definitely not met. In 40 percent of the files there were insufficient records to show if the standards were met or not. (Figure 5)
- For those who had a new placement since the policy change: In 35 percent of the files the standard was met and in 12 percent, compliance was unknown. In over 50 percent, the files indicate the contact standards were not met.

Figure 5. Worker Contact with Children/Youth in Care according to Contact Standards previous to January 1999 (n=98)


Not Applicable 3%
Contact Standards Met 24%
Unknown: Insufficient Data from File 29%
Record of Some Contact -Unclear if Standards Met 11%
Contact Standards Not Met 33%

Source: File Review Data, Children and Youth in Care Review, 2000.

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"The kids in my home haven't seen their worker in ten months."

(Foster parent)

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- For contact standards that were in place previous to January 8, 1999, in 24 percent of the files, contact standards were definitely met. In 33 percent of the files, the records indicated that contact standards were definitely not met. In 43 percent of the files there were insufficient records to show if the standards were met or not. (Figure 5)
- For those who had a new caseworker after the policy change, in 35 percent of the files the standards were met and in 12 percent compliance was unknown. In over 50 percent, the files indicate that contact standards were not met.

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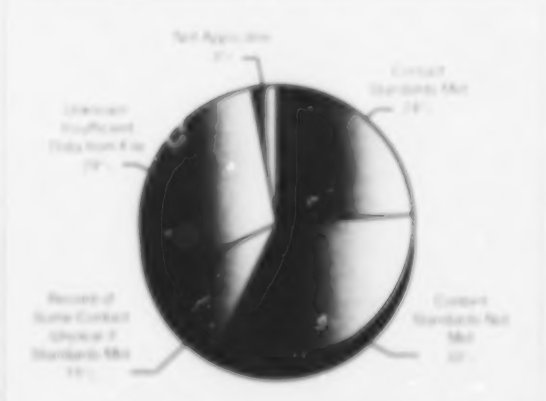

From the Literature

The need for ongoing and consistent worker contact with children cannot be overemphasized.

"The continuity of social workers is particularly important to the emotional development of children and youth in care. Raychaba (1988) cites the high number of worker changes, coupled with infrequency of contact between the children and youth in care and their social workers, as one of the primary reasons for the unwillingness or conditioned inability of children and youth to trust and commit in strong long term relationships with others....The children's inability to establish trusting relationships...decreased the likelihood of disclosing concerns about their treatment in the foster home." (Task Force on Safeguards for Children and Youth in Foster Care, 1997)

"They are office bound. Seven years ago, workers used to go to foster homes for supper. Now they stay in their offices, talk on the phone, and do paperwork."

(Foster parent)

Overload – Case Management

A very common refrain of the consultation was: "Workers are overworked. There aren't sufficient workers to do the job." Many believed that the workers are doing the best they can, but caseloads are just too high. Reportedly, there are increasing demands on the DSS without proportional increases in workers. The quality of service provided is affected when workers do not have time to do their jobs well.

Technology is viewed as part of the problem. "Social workers described their role as "having changed so much from social work to computer work." Computers have added complications and additional tasks. In particular, the Family and Youth Automatic Payment System (FAYAP) has created new administrative pressures. Telephone message-minders are often not appropriate during emergencies.

There are other factors that contribute to a feeling of overload. Workers reported that they spend 50-75 percent of their time on paperwork. Assigning current social work duties to case aides and clerical staff is viewed as a positive way to deal with the paperwork and the computer work, while improving accessibility to workers by clients. There were suggestions that case aides could answer phone calls, complete paperwork and enter information into the computer systems. Payment is seen as administrative, and could easily be done by clerical or case aide staff.

On the other hand, case plans and assessments were viewed as important social work. "This is required paperwork that takes significant time and effort, but are important, as are client information and contact records — these add to the value of your work."

Additional pressures that were noted include the lack of replacement staff for holidays or sick leave. "Workers are expected to cover each others' cases when a worker is away and still do their own work. This doubles their caseload. When positions are vacated, workers also take over for that vacancy, sometimes for extended periods of time."

The distance some workers must travel to reach their clients takes a significant amount of time. In many locations in the northern part of the province, workers are providing service from a remote office.

General issues regarding case management were also raised. Staff noted that when the workload is heavy, generalized caseloads result in less time to attend to children and foster parents because protection work takes priority. Most concede that generalized caseloads are ideal when caseloads are manageable and that workers with generalized caseloads are more likely to understand the significance of family visits and put extra effort into facilitating them.

What They Said

- "We still have to do all the paperwork and then duplicate it on the computer." (DSS worker)
- "Administrative people need good orientation, and then will know when calls are an emergency and will make good use of technology. People in this business need a personal touch." (Foster parent)
- "What worked well was when one of the support staff was on a unit temporarily, doing payments, opening and closing files, but there is no money for this on a regular basis. Workers should just sign for approval, and clerical people would do the rest." (DSS worker)
- "The worker come up once a month. You can't service the whole community by just coming up once a month." (Northern resident)
- "Some cases are three hours away, the regions are too big." (DSS worker)

Staff Turnover

"There are some very good workers, who do their jobs well, and will fight for you. But they don't last."

(Youth in care)

Lack of stability in the system interferes with relationship building as well. The Review Team heard about high turnover of staff and extensive use of non-permanent staff. Many social work staff are temporary, part-time, and there is reliance on contracting parent aides and family support workers to assist staff. Children and youth want consistency and they want to be told when their worker is going to be away, for how long, and who will take their place. Workers reported that they had no time to do that.

Many groups and individuals noted that protection work is the most challenging social work role to do well. Many believed that more skilled, experienced workers should be doing the protection work. However, not many workers will stay in this area because it is so stressful. Time constraints and fear of personal liability add to what is already a difficult, but very important job. Workers tend to transfer out as soon as possible, leaving the less experienced staff to fill this role.

It was suggested that "Some more experienced people might come back into protection work if the caseloads were lower, preventative programs available, so that workers would feel that they have a chance of doing some effective prevention work."

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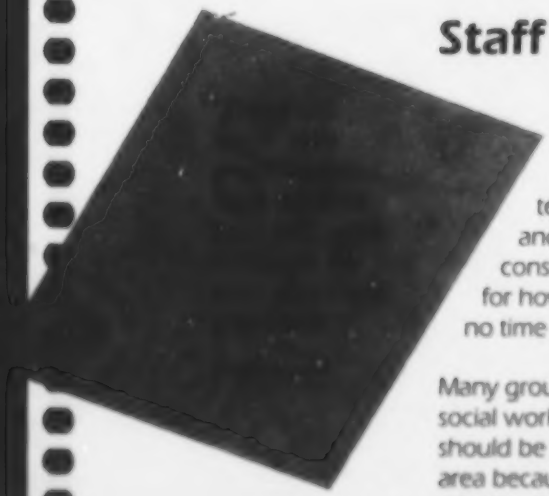

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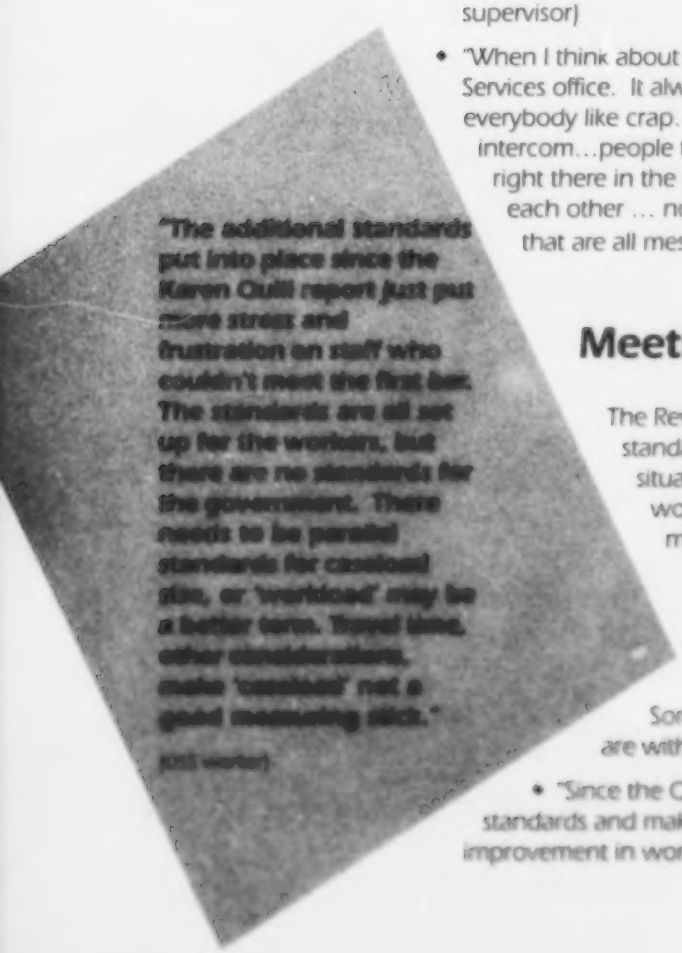
It was suggested that: "Some more experienced people might come back into protection work if the caseloads were lower, preventative programs available, so that workers would feel that they have a chance of doing some effective prevention work."

What They Said

- "Workers used to do their own visits, and own moving of kids; they never do that anymore. Now contract workers are hired to do all the things workers don't have time to do. Since the late 80's, early 90's, there's been so much use of contract workers." (DSS worker)
- "Worker turnover is so confusing for kids, and prevents relationship building between kids and workers." (Foster parent)
- "You can no longer promise that you'll be a kid's worker until they're 18." (DSS worker)
- "It's all the new graduates that get the protection work, as that's the jobs more experienced workers vacate. It's such a shock for them to see the reality, very stressful. There's no training." (Professor of social work)
- "There is a risk to workers when they don't bring kids into care — but it is more damaging to the child to be brought into care." (DSS worker)
- "Workers need the time to provide support, actually do social work. They have lots of skills that they haven't time to use." (DSS supervisor)
- "Social workers feel they have to stand by and wait until a crisis occurs and take kids into care, because there's no resources for anything else." (DSS supervisor)
- "When I think about the problem with foster care, I think about the Social Services office. It always has such bad vibes…the secretaries treat everybody like crap…people milling, names being yelled over the intercom…people talking about private things about other kids I knew right there in the hallway … they have no respect for anybody, not even each other … no wonder the system run by those people produces kids that are all messed up. (Youth formerly in care, 20)


"The additional standards put into place since the Karen Quill report just put more stress and frustration on staff who couldn't meet the first bar. The standards are all set up for the workers, but there are no standards for the government. There needs to be parallel standards for caseload size, or 'workload' may be a better term. Travel time, other considerations, make 'caseload' not a good measuring stick."

Meeting the Standards

The Review Team heard, almost without exception, that policy standards cannot be met. Workers are in the stressful situation of choosing which standards to meet. When the workload gets heavier, workers are simply expected to do more.

What They Said

- "We're not even close to meeting standards. Some children are not being seen for over a year. Many are without case plans." (DSS worker)
- "Since the Quill Report, there has been a real emphasis on standards and making the paperwork prioritized, but there has been no improvement in working with kids." (DSS worker)

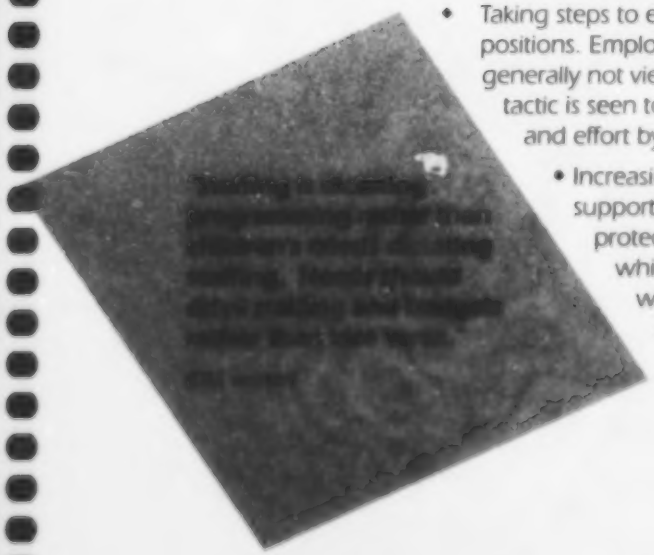
- "There's worry that there could be another death any time. There isn't time to be vigilant about that. There's a mandate that can't be met because of the lack of resources and the overload." (DSS supervisor)
- "When you discuss problems with your supervisor, it is disconcerting to see that there is no hope that there will be any resolution." (DSS worker)
- "When kids are not seen for up to six months after placement, it creates dangerous situations." (DSS worker)
- "There's a pilot project of capped caseloads—the results are showing that fewer kids come into care, stay in for a shorter period of time, and their placements last longer, they're moved around much less. The cap is on 18 families. There's been two caseloads of that since 1997. Research & Evaluation Branch have backed this, providing analysis. Some of the results look really, really good. They are coming very close to keeping up with standards." (DSS worker)

Recommendation 2.4

That the DSS workers and supervisors are provided with sufficient time and resources to meet the standards outlined in policy and legislation. This includes meeting the best practice expectations that are clearly outlined in the *Family Centred Case Management Policies* and meeting all of the standards of care for children that are articulated in various other policies. In order to meet this recommendation, the DSS must ensure that there are adequate resources available AND that individual DSS workers and supervisors are providing services in a respectful, ethical manner.

Consider . . .

- Developing incentives and training so that local community people are able to work in their own community.
- Taking steps to ensure that more Family Services workers are in permanent positions. Employment of contract, temporary and part-time workers is generally not viewed as an adequate solution to the workload issues. This tactic is seen to negatively affect continuity of child care, and the morale and effort by the permanent staff.
- Increasing retention rates for staff and reducing staff turnover by supporting experienced DSS staff with established skills as child protection and child care workers to continue in these positions which are known to be difficult and stressful. Frontline DSS workers require consistent, supportive supervision and regional staff require direction and support from central office.



What They Said

- "Workers used to do their own visits, and own moving of kids; they never do that anymore. Now contract workers are hired to do all the things workers don't have time to do. Since the late 80's, early 90's, there's been so much use of contract workers." (DSS worker)
- "Worker turnover is so confusing for kids, and prevents relationship building between kids and workers." (Foster parent)
- "You can no longer promise that you'll be a kid's worker until they're 18." (DSS worker)
- "It's all the new graduates that get the protection work, as that's the jobs more experienced workers vacate. It's such a shock for them to see the reality, very stressful. There's no training." (Professor of social work)
- "There is a risk to workers when they don't bring kids into care — but it is more damaging to the child to be brought into care." (DSS worker)
- "Workers need the time to provide support, actually do social work. They have lots of skills that they haven't time to use." (DSS supervisor)
- "Social workers feel they have to stand by and wait until a crisis occurs and take kids into care, because there's no resources for anything else." (DSS supervisor)
- "When I think about the problem with foster care, I think about the Social Services office. It always has such bad vibes... the secretaries treat everybody like crap... people milling, names being yelled over the intercom... people talking about private things about other kids I knew right there in the hallway ... they have no respect for anybody, not even each other ... no wonder the system run by those people produces kids that are all messed up. (Youth formerly in care, 20)

Meeting the Standards

The Review Team heard, almost without exception, that policy standards cannot be met. Workers are in the stressful situation of choosing which standards to meet. When the workload gets heavier, workers are simply expected to do more.

What They Said

- "We're not even close to meeting standards. Some children are not being seen for over a year. Many are without case plans." (DSS worker)
- "Since the Quill Report, there has been a real emphasis on standards and making the paperwork prioritized, but there has been no improvement in working with kids." (DSS worker)

"The additional standards put into place since the Karen Quill report just put more stress and frustration on staff who couldn't meet the first bar. The standards are all set up for the workers, but there are no standards for the government. There needs to be parallel standards for caseload size, or 'workload' may be a better term. Travel time, other considerations, make 'caseload' not a good measuring stick."

(DSS worker)

- "There's worry that there could be another death any time. There isn't time to be vigilant about that. There's a mandate that can't be met because of the lack of resources and the overload." (DSS supervisor)
- "When you discuss problems with your supervisor, it is disconcerting to see that there is no hope that there will be any resolution." (DSS worker)
- "When kids are not seen for up to six months after placement, it creates dangerous situations." (DSS worker)
- "There's a pilot project of capped caseloads—the results are showing that fewer kids come into care, stay in for a shorter period of time, and their placements last longer, they're moved around much less. The cap is on 18 families. There's been two caseloads of that since 1997. Research & Evaluation Branch have backed this, providing analysis. Some of the results look really, really good. They are coming very close to keeping up with standards." (DSS worker)

Recommendation 2.4

That the DSS workers and supervisors are provided with sufficient time and resources to meet the standards outlined in policy and legislation. This includes meeting the best practice expectations that are clearly outlined in the *Family Centred Case Management Policies* and meeting all of the standards of care for children that are articulated in various other policies. In order to meet this recommendation, the DSS must ensure that there are adequate resources available AND that individual DSS workers and supervisors are providing services in a respectful, ethical manner.

Consider . . .

- Developing incentives and training so that local community people are able to work in their own community.
- Taking steps to ensure that more Family Services workers are in permanent positions. Employment of contract, temporary and part-time workers is generally not viewed as an adequate solution to the workload issues. This tactic is seen to negatively affect continuity of child care, and the morale and effort by the permanent staff.
- Increasing retention rates for staff and reducing staff turnover by supporting experienced DSS staff with established skills as child protection and child care workers to continue in these positions which are known to be difficult and stressful." Frontline DSS workers require consistent, supportive supervision and regional staff require direction and support from central office.

"Staffing is dictating programming rather than children's needs dictating staffing. Needs should drive staffing and budgets rather than vice versa."

(DSS worker)

Planning

Lack of Care Plans

The lack of case plans and case planning for children was a major concern of the groups consulted. In addition to ensuring that workers have time to carry out case planning, regular monitoring is seen as critical to improved case planning. Many expressed a need for an independent body to monitor and review case plans. There must be a plan for every child, and it must be acted on. Workers also wanted available and supportive supervisors.

"Can you explain to me what this case plan thing is because I'm going to call my worker to make sure she gets one for me."

(Female, status Sioux, long-term ward, 13)

Youth talked about feeling uncertain about their future. Very few reported even knowing there was a case plan, let alone being involved in developing it. Perhaps most disturbing was that many youth participants were not even aware that there should be a case plan. Crisis management is the only planning that many youth experienced.

What They Said

- "As a foster kid, you never know what's going to happen from one day to the next...today you're living with one set of foster parents, tomorrow you could go home. Or you might live with them for years. The not knowing kills you." (Youth formerly in care)
- "When I was a little kid, I would only see my worker if something was already changing, like I was going home to my natural parents, or when there were already problems with my foster family and I was going to be moved. It's kind of hard when you only see your worker when things are happening all around that you don't understand to say, 'Hey, you wouldn't happen to know what's going on in my life, long-term?'" (Youth formerly in care, female, status Cree)
- "When children are being apprehended time and time again, the children are not represented... or the parents are not being adequately supported to change ...a permanent plan is necessary, outlining the role of family." (Lawyer)
- "Management always makes the mistake of not listening to the front-line workers, so the workers are always trying to implement someone else's plan." (DSS worker)

From the File Review

The DSS policy provide guidelines and a format for the Initial Case Summary and Plan that is to be completed for each child when they come into care. The plan is to be updated every three months and is to include the following information:

- name and birth date of the child;
- time frame;
- contacts;

- circumstances leading to child coming into care;
- involvement with natural family and foster family;
- health and development;
- emotional and social development;
- educational needs;
- progress with life book in last three months; and
- a plan for the next three months, including assessment of child's needs and goals and objectives, in the short term and the long term. (CSPPM)

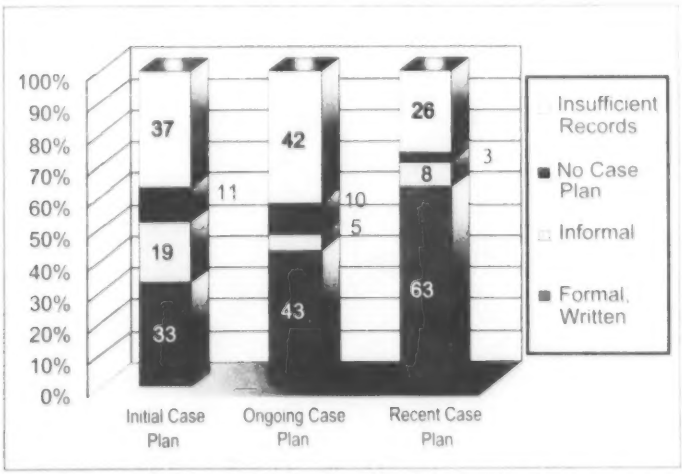
"A six-year-old boy . . .
was going into care for the third time in 18 months. He wistfully asked if he "could stay longer this time" because every time he went home "someone hurts me."

(Physician)

The existence of case plans was looked at in terms of when the child first came into care (initial case plans), ongoing throughout the course of their time in care (ongoing case plans), and recently in their time in care, such as case plan updates (recent case plans). The Review Team looked for formal, written case plans in any format. Informal planning was also noted. The file review found

- Formal, written, initial case plans were in place in about 33 percent of the files; informal plans were apparent in an additional 19 percent of the files. In nearly 50 percent of all files reviewed, planning was not evident at the time when the child first came into care. Initial case plans, either formal or informal, were present for about 60 percent of the long-term wards and permanent wards, those in care under Section 9 (voluntary) agreements, and Temporary Wards. Case plans were prepared for almost one-half of the Apprehended children.
- Ongoing case plans were evident in almost half of the files reviewed—43 percent had formal, written case plans, and five percent had informal plans.
- Recent case plans (those that had been updated within the past year) were present in almost three-quarters of the files, with formal, written plans present for children in 63 percent of the files, and informal plans in about eight percent of the files. Almost 95 percent of long-term wards, and 80 percent of permanent wards and those in care under Section 9 (voluntary) agreements had recent formal or informal case plans included in their files. About 70-75 percent of those in care under Section 10 and 56 agreements had recent case plans, while about 65 percent of Temporary wards and almost 50 percent of the children in care under Apprehended status had recent case plans. It should be noted, that the DSS was aware in advance that these files would be reviewed and some of these case plans were prepared just prior to the file review.

Figure 6. Presence of Child Care Case Plans (n=98)



Source: File Review Data, Children and Youth in Care Review, 2000.

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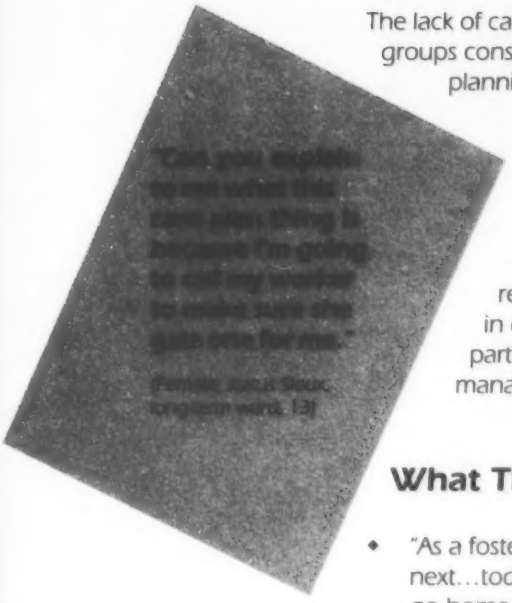
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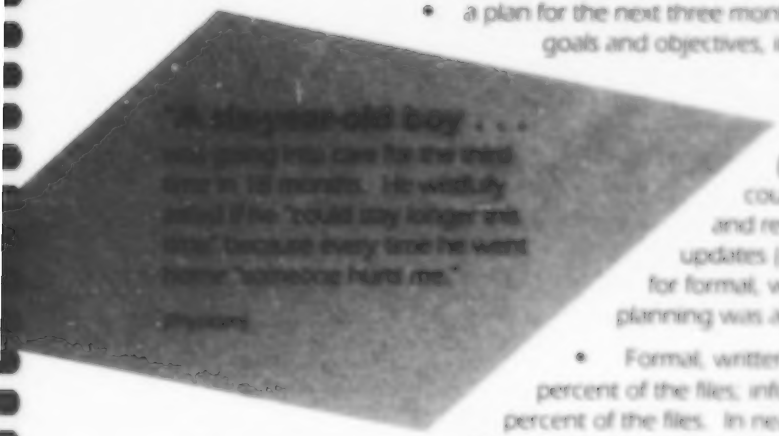
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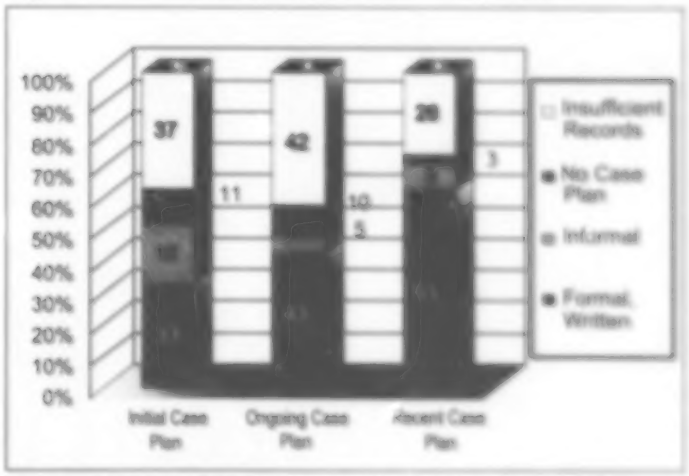

Source: File Review Data, Children and Youth in Care Review, 2000

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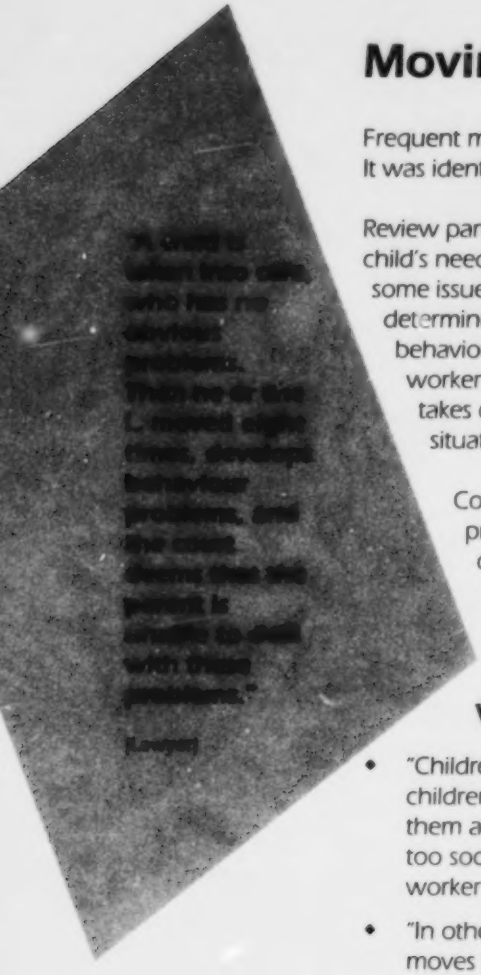

Moving Children and Youth

Frequent moving of children and youth was of very great concern to all groups. It was identified as a symptom of the lack of case planning.

Review participants pointed out that, often, multiple moves tend to signal that a child's needs are not being met in the resource that is being used, or there are some issues that are not being dealt with. Additional assessment to better determine what is required is in order. It is not appropriate to deal with behavioural issues by placing the child in a different home. Mental health workers, foster parents, and DSS workers all indicated that the current system takes children and youth with attachment disorders and puts them in situations that intensify that disorder.

Continually moving children within the system creates additional problems for workers, foster parents, natural parents and particularly children and youth. There is a real need to develop appropriate and better mechanisms to monitor recorded case plans and movement of children.

What They Said

- "Children are moved far too often. That's DSS's answer to everything. Take children from their natural parents rather than supporting them, then move them around from foster home to foster home, then move them back home too soon, too easily. It's a Band-aid reaction to everything." (Mental Health worker)
- "In other provinces, community review panels can be consulted and look at moves when requested to, once a child has been in a placement for a certain period of time." (DSS worker)
- "In Alberta, there is PARK — Placement Assessment Review Committee — a committee that workers have to go to before they could move kids. Every move traumatizes them. Workers would have to justify why. Each person on the committee would get information about the case, and could question the planning." (SASW member)
- "I can't believe that workers are not accompanying children to placements. Things have deteriorated badly. There was never a time when I wasn't accompanied by my worker (on moves) and given information." (Adult, formerly in care)

From the File Review

DSS policy emphasizes the importance of stability of placement for children:

"1. Children who come into foster care have experienced separation from their natural families; therefore it is important to provide continuity wherever possible.

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Frequent moving of children and youth was of very great concern to all groups. It was identified as a symptom of the lack of case planning.

"A child is taken into care, who has no obvious problems. Then he or she is moved eight times, develops behaviour problems, and the court deems that the parent is unable to deal with these problems."

(Lawyer)

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From the File Review

DSS policy emphasizes the importance of stability of placement for children:

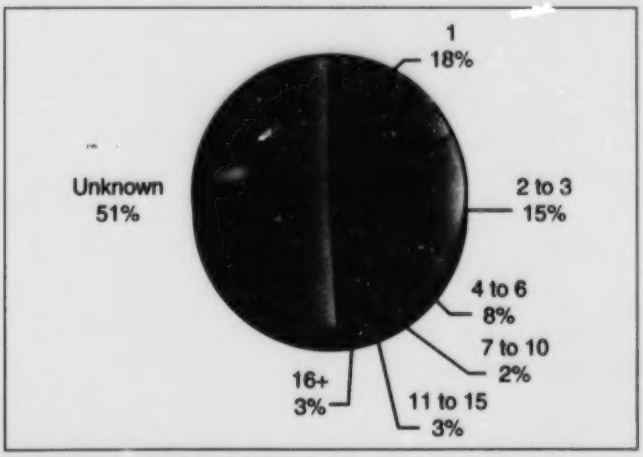
"1. Children who come into foster care have experienced separation from their natural families; therefore it is important to provide continuity wherever possible.

2. When the foster parent or the foster child requests a change of placement the caseworker should determine:
   - The reason for the request; and
   - Whether resolution is possible without disruption of placement.
3. If a placement change is required, it is important that the change is planned to the extent possible and that it includes a process of managing the separation from the foster family.
4. The caseworker should prepare the child and the foster family for a change in placement as soon after the decision is made as possible. The Child's Life Book should be used in preparing the child for a move and discussion should include:
   - Reasons for change of placement;
   - Specific details about the placement;
   - Feelings about the change of placement;
   - Attitudes about separation;
   - A plan for the change of placement; and
   - A plan for future involvement of the foster parents with the child where possible.
5. Adequate opportunity must be provided for pre-placement visits.
6. If the foster parents express a wish to care for the child in the event the child should come back into care, this request should be recorded on the child care file." (CSPPM)

The stability of children in care was examined in the file review. In their most current episode in care, 33 percent of the children had been in one placement, 27 percent had been in two or three placements, nine percent had been in four to six, one percent had been in seven to ten, three percent had been in 11 to 15, and two percent had been in 16 or more placements. The number of placements could not be determined from the records for the remaining 25 percent of the children.

The number of placements children had been in throughout their lifetime could not be determined in 51 percent of the files. From the remaining files it could be determined that 18 percent of children had been in one placement, 15 percent had been in two to three placements, eight percent had been in four to six, two percent had been in seven to ten, three percent had been in 11-15, and three percent had been in 16 or more placements. (Figure 7)

Figure 7. Number of Placements Children in Care have been in Throughout their Lifetime (n=98)



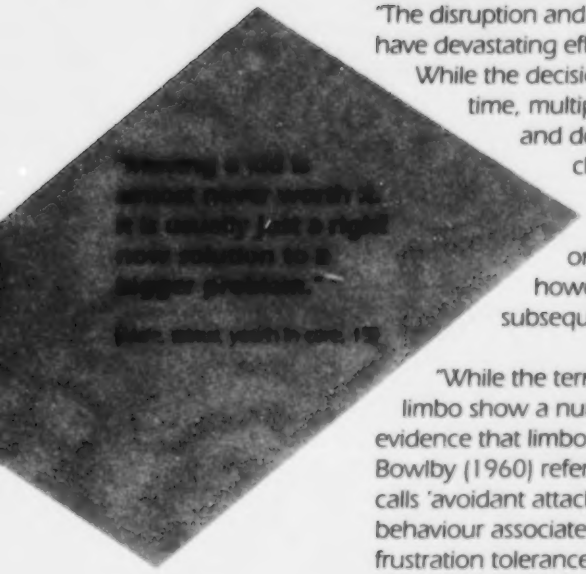
Source: File Review Data, Children and Youth in Care Review, 2000.

The time period of the current placement was looked at for all the children whose files were reviewed. Where it could be determined, 43 percent of the children had been in their current placement for six months or less, 28 percent had been at their current placement for between six and 24 months, while 26 percent had longer stays of between two to ten years. Only three percent had been at their current placement for more than ten years.

The DSS policy lists steps to reduce the disruption children and families experience when a child goes into care. These steps include involving parents in the planning to have the child go into care, and involving the parents and child in the placement decisions. (FCSM)

Pre-placement preparation before their most recent placement was indicated for about 30 percent of the children. This preparation included visits, information, or were situations where the child already knew the caregivers. Fifty-six (56) percent of the files had no record of pre-placement preparation, and in 14 percent of the files, it was clear that no preparation had occurred. Of children who had been in care before, ten percent were returned to a foster family that they lived with previously.

From the Literature



"The disruption and sense of uncertainty that result from these changes can have devastating effects on children's sense of permanence and belonging.... While the decision to move a child may appear to be the best option at that time, multiple moves have a strong impact upon a child's ability to trust and develop meaningful relationships... (researchers) found that changes in foster placement were often in response to the problems that a child's behaviour posed in the placement. Moving a child with problem behaviour is one way of ensuring the safety of other children in the home; however, this behaviour often tends to be repeated in subsequent placements." (MacLaurin, 1998)

"While the term is not a diagnosis, it must be recognized that children in limbo show a number of features in common. There is ample clinical evidence that limbo is destructive to a child's mental health. It can lead to what Bowlby (1960) refers to as 'permanent detachment' or what Ainsworth (1978) calls 'avoidant attachment.' Clinically these children frequently show problem behaviour associated with impaired ego capacity, poor impulse control and low frustration tolerance. Lack of intimate attachment makes it difficult for them to develop trust in the self or the world, and consequently identity is poorly formed. While effects may subside in latency, from preadolescence onward, most of these young people display withdrawn, depressive, self-accusatory or hostile mood swings (Freud, 1960). If limbo persists long enough, the youth is likely to develop features of permanent detachment such as persistent diffused rage, a social and antisocial behaviour, low self-concept and chronic dependency." (Wilkes, 1992)

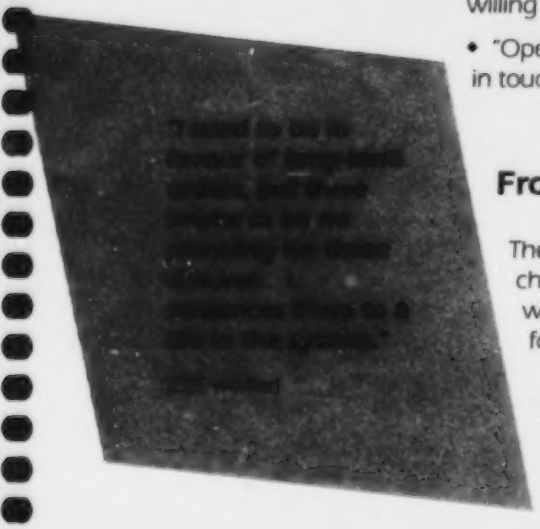
Time in Care/Long-Term Wardship

Increased numbers of children in long-term care, and the lack of long-term permanency planning for these children is alarming. The agreement between the DSS and First Nations on the adoption of Aboriginal children is seen by some as creating more long-term wards who are overloading a system that is really designed for short-term placements. These long-term wards are seen as being "sentenced to ambiguity" without a case plan, and "warehoused" in care, until they are old enough to leave on their own.

These children live "in limbo." Open adoption was sometimes cited as a desirable model that would provide stability for a child, without severing the child's connection with his or her natural family.

What They Said

- "There is a reluctance to sever ties with the natural family, so they go for long-term wardship. But kids end up drifting without a plan..." (DSS worker)
- "Since the moratorium, the system has been collecting more kids." (DSS worker)
- "The young children should not be long-term wards at two or three, but should be adopted. Long-term orders are a method of appeasing everyone, but the child is forgotten. Foster parents are not necessarily willing to take a child for a life-time." (DSS worker)
- "Open adoption is not presented as an option — a way to keep children in touch with their parents, but yet give them stability." (DSS worker)



From the File Review

The importance of providing stability and certainty of the future for children in care is apparent in DSS policies. The intention is clear: where a child has been in care for 24 months, permanency planning for the child must occur. (FCSM)

Examination of the files revealed that the average amount of time that children were in care (current episode) was 24 months. However, the median amount of time in care was nine and a half months.

An aspect that interferes with stability for children is that a number of children appear to repeatedly go in and out of care, from an early age onward. For just over one-half of the children in the sample, the current episode in care was not their first, while 36 percent were in care for the first time. Whether the remaining nine percent were in care before was not readily determinable. As would be expected, none of the children under the age of one were in care before, but of those aged one to five, almost one-half had been in care before. Previous times in care jumped to over 70 percent for the children in the six to 11 year age bracket, and declined to around 50 percent for youth 12-17 years old.

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"Moving a kid is almost never worth it. It is usually just a right now solution to a bigger problem."

(Male, status, youth in care, 15)

"While the term is not a diagnosis, it must be recognized that children in limbo show a number of features in common. There is ample clinical evidence that limbo is destructive to a child's mental health. It can lead to what Bowlby (1960) refers to as 'permanent detachment' or what Ainsworth (1978) calls 'avoidant attachment.' Clinically these children frequently show problem behaviour associated with impaired ego capacity, poor impulse control and low frustration tolerance. Lack of intimate attachment makes it difficult for them to develop trust in the self or the world, and consequently identity is poorly formed. While effects may subside in latency, from preadolescence onward, most of these young people display withdrawn, depressive, self-accusatory or hostile mood swings (Freud, 1960). If limbo persists long enough, the youth is likely to develop features of permanent detachment such as persistent diffused rage, a social and antisocial behaviour, low self-concept and chronic dependency." (Wilkes, 1992)

Time in Care/Long-Term Wardship

Increased numbers of children in long-term care, and the lack of long-term permanency planning for these children is alarming. The agreement between the DSS and First Nations on the adoption of Aboriginal children is seen by some as creating more long-term wards who are overloading a system that is really designed for short-term placements. These long-term wards are seen as being "sentenced to ambiguity" without a case plan, and "warehoused" in care, until they are old enough to leave on their own.

These children live "in limbo." Open adoption was sometimes cited as a desirable model that would provide stability for a child, without severing the child's connection with his or her natural family.

What They Said

- "There is a reluctance to sever ties with the natural family, so they go for long-term wardship. But kids end up drifting without a plan..." (DSS worker)
- "Since the moratorium, the system has been collecting more kids." (DSS worker)
- "The young children should not be long-term wards at two or three, but should be adopted. Long-term orders are a method of appeasing everyone, but the child is forgotten. Foster parents are not necessarily willing to take a child for a life-time." (DSS worker)
- "Open adoption is not presented as an option — a way to keep children in touch with their parents, but yet give them stability." (DSS worker)

"I used to be in favour of long-term orders, but there seems to be no planning for these children. It sentences them to a life in the system."

(DSS worker)

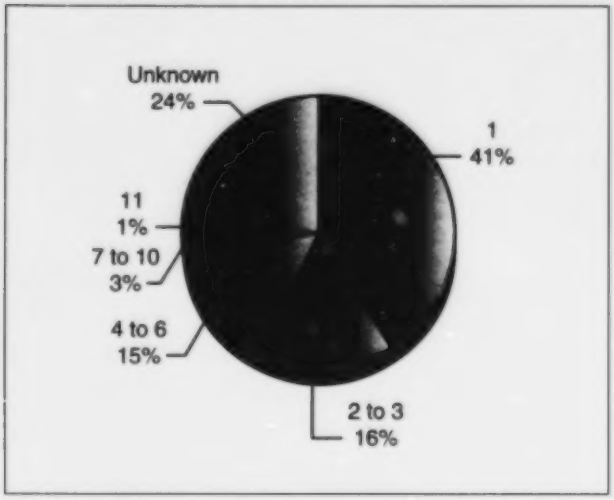
From the File Review

The importance of providing stability and certainty of the future for children in care is apparent in DSS policies. The intention is clear: where a child has been in care for 24 months, permanency planning for the child must occur. (FCSM)

Examination of the files revealed that the average amount of time that children were in care (current episode) was 24 months. However, the median amount of time in care was nine and a half months.

An aspect that interferes with stability for children is that a number of children appear to repeatedly go in and out of care, from an early age onward. For just over one-half of the children in the sample, the current episode in care was not their first, while 36 percent were in care for the first time. Whether the remaining nine percent were in care before was not readily determinable. As would be expected, none of the children under the age of one were in care before, but of those aged one to five, almost one-half had been in care before. Previous times in care jumped to over 70 percent for the children in the six to 11 year age bracket, and declined to around 50 percent for youth 12-17 years old.

Figure 8. Number of Times Children have been in Care Throughout their Lifetime (n=98)



Source: File Review Data, Children and Youth in Care Review, 2000.

The number of times the child was in care throughout their lifetime could be determined for 76 percent of the children whose files were reviewed. Figure 8 provides the breakdown of the number of times children have been in care throughout their lifetime. It should be noted, that for children six to 11 years of age 45 percent had been in care between four and ten times.

It was possible to determine the number of times the protection file had been opened and/or the period of time the file remained open in over half of the protection files. Of these files, 58 percent were open on an ongoing basis over a number of years, or had been opened six or more times.

Legal agreements were continuously in place for about 80 percent of the children for the entire time they were in care. For those who were in care for longer than two years, just the legal agreements in the past 24 months were examined.

From the Literature

The literature provides a definition and encourages consideration of permanency planning in child welfare practice.

"Permanency planning is the systematic process of carrying out, within a brief, time-limited period, a set of goal-oriented activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers, and the opportunity to establish life-time relationships." (Fein, Maluccio, Hamilton, & Ward, 1984)

"Pike (1977) notes that permanency planning clarifies the intent of placement and keeps a vision for permanency alive during temporary care. When a temporary placement is prolonged, foster care may have the appearance of permanency, but it lacks the element of intent that is critical to permanency." (Task Force on Safeguards for Children and Youth in Foster Care, 1997)

"Permanency planning is more than just good casework. Done well, it includes an integrated system of review procedures, a full range of preventive and in-home services, case management and case planning that are culturally appropriate, and the development and empowering of staff (Shaw, 1986). Its purpose...is to minimize the length of time that a child will live in a setting that lacks the promise of being permanent. Placement choices may include maintaining the child with the biological parents or placing her with relatives, permanent foster parents, adoptive parents, or foster/adoptive parents." (Cohen & Westhues, 1990)

Recommendation 2.5

That every child in care has a clearly articulated and documented care plan. This plan must be reviewed and monitored systematically. Children, family members and community members, particularly First Nations or Metis Nation representatives, where appropriate, must be included in the development of the care plan and must participate in the regular reviews of the care plans.

Recommendation 2.6

That every effort be taken to support a child to live and grow up in a stable environment. There must be a procedure established to review every move a child experiences preferably before the move occurs. Reasons for every move must be clearly documented. A clear accountability system must be established to protect children from being frequently moved to another setting as a solution to a problem.

Recommendation 2.7

That the DSS and First Nations and Metis Nation governments review the impact that long-term care orders in conjunction with adoption policies are having on the lives of children who are long-term wards and being raised in foster care. The growing number of young children who are now long-term wards is alarming.

Consider . . .

- Implementing a monitoring system that would generate an alert after a certain number of moves for a child over a certain period of time (eg. three moves in six months, and flagging of each move after that). The system would include a review process to determine what measures can be put in place to prevent additional moves. (Moves should include all moves, not just from foster home to foster home).
- Establishing Community Review Panels to review cases after a certain number of moves occur.
- Having case plans for all children in care reviewed regularly by a review body at arm's length from the service providers, like they do in British Columbia and Ontario.

M121

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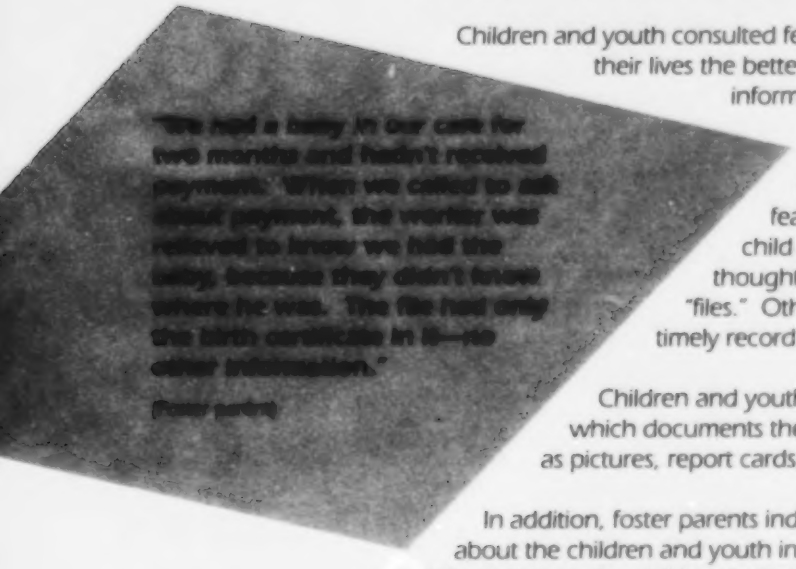
Managing Information

A Child's File

The views on the importance of keeping individual records about children and youth differed between youth and adults.


"We had a baby in our care for two months and hadn't received payment. When we called to ask about payment, the worker was relieved to know we had the baby, because they didn't know where he was. The file had only the birth certificate in it—no other information."
Foster parent

Children and youth consulted felt strongly that the less others know about their lives the better. They had little confidence that more information on a file would lead to acceptable solutions, and in fact, felt that information in their files would have a negative effect on them. They expressed a fear that there is lack of recognition of each child or youth in care as an individual. They thought that they are often seen as dehumanized "files." Others expressed a need for high quality and timely record keeping in the children's files.

Children and youth did want information that they can keep, which documents their life during the time they are in care, such as pictures, report cards, and other personal items.

In addition, foster parents indicated a need to have basic information about the children and youth in their care. Getting timely, accurate information on the children in their care is crucial to foster parents and is viewed by them as an element of support for their work.

What They Said

- "I had this worker who I think didn't like me, so when I got a new one, I was worried that she would read my file and not like me too." (Male, status, long-term, 13)
- "Sometimes when you get a new worker, they forget that your file is not really you; it's just what you've done bad and what your other worker thought about it." (Female, permanent ward, 17)
- "There is lack of documentation on the files. Visits are not documented." (DSS worker)
- "We have received phone calls from workers to ask us if we still had this child, when in fact we hadn't had the child for three weeks. They didn't know this, so where is the child and who has the child?" (Foster parent)
- "Keep a record of the good times when kids are in care." (Foster parents)
- "'Life books' are sometimes empty or non-existent for children in care." (Foster parents and workers)
- "Early information from the worker on medical issues would ensure both the foster family and child's safety." (Foster parent)

From the File Review

As noted in the Current Situation and General Findings section of this Report, some files, approximately one-quarter, were very well documented while a similar proportion were very poorly documented. A major observation from the file review was that significant amounts of information were not available in the files. Secondly, the information contained in the files was often difficult and time-consuming to locate. It was also difficult to determine if all the relevant information about a particular aspect of a child's life had been located.

One DSS policy requires that the DSS worker apply for two certified copies of the child's birth registration. (CSPPM). The presence of the birth certificate for each child was checked. Birth certificates were on file for 56 percent of children in care. As expected, a higher proportion of birth certificates were present for children and youth with permanent and long-term orders.

Statistical Data

A major consideration in gathering and keeping up-to-date information on children and youth was the impact the information could have in shaping policy, programs and practice. Appropriate tracking of children and their circumstances would build a knowledge base that would contribute to effective long-term planning.

What They Said

- "We should make use of benchmarks that we know...to develop standards for outcome evaluations." (Program manager)

From the Literature

Quality statistical information is important for effective strategic planning, policy-making and service delivery. Reports such as *Moving In and Out of Foster Care* (Rosenbluth, 1994) provide real insight into the situation of children in care, and provide models of the type of research that should be done at regular intervals.

"This study examines patterns of foster care use in Saskatchewan. It looks at how long children stay in foster care, how frequently they move to different foster homes, and how often they move in and out of foster care. The study also looks at whether these patterns have changed over time, that is, whether foster children are in care for longer or shorter times, and whether they move more or less often than previously." (Rosenbluth, 1994).

"We assume that the systematic collection of information about children in care must inevitably make a difference in the ability of practitioners to intervene planfully with all of the children in their care. In fact, the basic premise of all information systems is that 'information makes a difference', that the information provided by the system will affect the way practitioners think, reason and decide." (Benbenishty, 1991)

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(Foster parent)

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What They Said

- "We should make use of benchmarks that we know ... to develop standards for outcome evaluations." (Program manager)

"Set up a mechanism of the how/what/where they (children in care) come from. Long-term planning should be in place. Keep feeding into this mechanism."

(Education manager)

From the Literature

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"Thus the development of national and even provincial standards for evaluating child welfare services has been limited by a dearth of basic service statistics. Our own review of provincial information systems found that most provinces are unable to track even the most basic outcome measure, such as recurrence of maltreatment. In some provinces, service providers cannot even agree on how to count cases. Such statistics are the most elementary starting point for the discussion of which outcomes should be measured and the development of an outcome measurement system." (Oxman-Martinez, Trocme, & Moreau, 1998)

"Canadian child welfare information systems are primarily designed as Management Information Systems (MIS) directed towards financial accounting. The most commonly reported service statistics are number of case openings per year and number of children in care at year end. These are system service volume statistics that provide limited information about service patterns. A family case opened and closed three times during the year is indistinguishable from three family cases each opened and closed once...Answering questions about service patterns requires special studies because MIS do not contain information linking service events to individual children. A Child Tracking System has a dramatically different structure... (and) allows accurate reporting of statistics such as the proportion of investigated children admitted to care and the average number of placement changes." (Trocme, Nutter, MacLaurin, and Fallon, 1999)

Recommendation 2.8

That children in care have up-to-date, accurate records that provide complete information about all aspects of the care they are receiving. These records must include a detailed plan for care that incorporates health and educational status. Children must also have access to the personal information that is kept about them.

Recommendation 2.9

That foster parents must be provided with information about the children in their care in a timely manner. Health status, education, family connections and other information useful to providing daily care is required by foster parents as soon as possible.

Recommendation 2.10

That the DSS data collection be reviewed and updated to ensure that accurate and timely statistical information about children in care is available. It would be useful for all government departments and agencies that provide support to children in care, including Health, Education and the FNCFSA to have some mechanism to evaluate the impact of the programs/services that are being provided to children in care and their families.

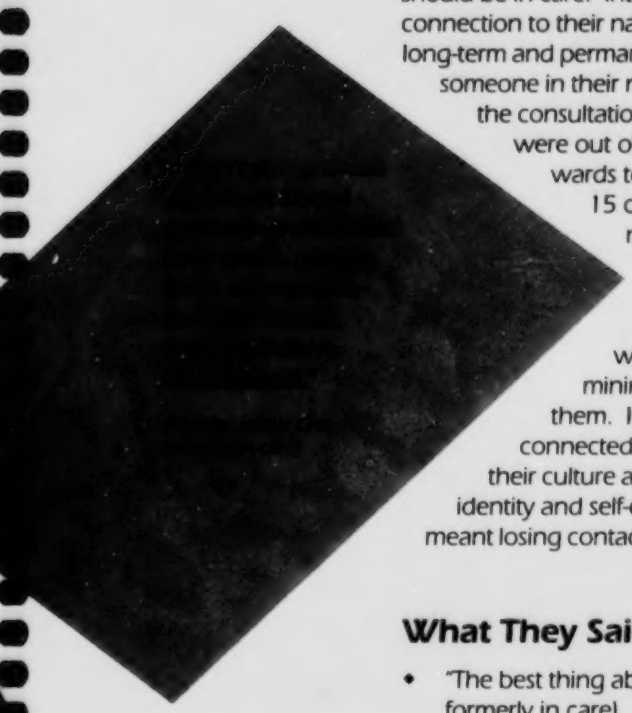
Consider . . .

- Developing a checklist, in conjunction with similarly categorized areas for qualitative information, so that all information about each category (health, or family contacts, for example) is located in one place. Information should be chronologically filed, to increase ease of use, and encourage timely recording.
- Developing better information systems to monitor program overlap for Young Offenders, Family Services and Social Assistance Plan.
- Giving children in and from care direct input into the outcome measurements. Exit interviews with all children, particularly those in the permanent or long-term care of government could provide meaningful data that would be useful in planning supports for children being parented by government.

Family Contact

Understanding the Relationship

Most of the youth that participated in the Review acknowledged that their family of origin had experienced difficulties. Many youth agreed that, in fact, they should be in care. Interesting and important to note, most felt that their bond and connection to their natural families was extremely important to them. Many of the long-term and permanent wards expected to have life-long relationships with someone in their natural family. The vast majority of youth who participated in the consultation had definite plans to return to their families when they were out of care, or to have some connection with them. Long-term wards told of turbulent times in care that occurred when they were 15 or 16. These difficult times were often brought on by the need they felt to be with their families.



It is imperative that children and youth be assisted to stay in contact with their family as much as possible. Even where contact with the family is problematic and must remain minimal, the child has a need and a right to retain contact with them. In addition, to the degree possible, children need to stay connected to their extended family, community or Band and to retain their culture and language. This contact will assist them to develop their identity and self-esteem. Many youth reported that going into foster care meant losing contact with their extended families and communities.

What They Said

- "The best thing about being in care is that I wasn't living with my Dad." (Youth formerly in care)
- "They took me away (from mom) when I was five because she was an alcoholic and she wasn't looking after us…I was raised in a good Christian foster home, but that didn't stop me from turning out an alcoholic just like my mom. It doesn't matter how much they hurt you or if you don't see them for years, there's something so deep between kids and their parents that even foster care can't get between." (Mother of three, status Cree, former permanent ward, 24)
- "We didn't have any visits with Mom the first year…after that we would see her for about two hours every few months…When I turned 18, I moved to be closer to her and now I visit her every day." (Male, status Cree, long-term ward, 18)
- "We have many kids adopted into white homes. Then they got into trouble. We find that these kids have a piece missing from them. They need to know who they are — they have a hard time. We have a couple who have found their natural parents and returned to them. They're lost, even if they are treated good. They still don't know who they are, where they fit in." (DSS worker)

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"I don't think those people at Social Services understand how much people from our reserve love our moms. They just don't understand."

(Female, status Cree, formerly in care)

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From the Literature

"Most children return to live with their families or reconnect with their families even if they remain in long-term substitute care. In fact one recent British study found that 87 percent of children returned home to live with family members (biological family or relatives)." (McKenzie, 1995)

"A newborn...
from a remote northern community, was born in the city, and had high medical needs. The parents were persuaded to sign a voluntary agreement and leave the child in care in the city. There has been minimal opportunity for family visits, so they have occurred only twice. At six and one half years of age, the child was told that he is a foster child. The foster parents interpreted the lack of visits as disinterest on the part of the family and is intent on adopting him. Now the family of origin wants him back. Everyone is very upset."

(File Review data)

Reunification

The message from the DSS to the family of origin needs to be clear—"We don't want to keep your child in care. We want him/her back with you as soon as possible. How can we help you to make that possible?"

The Review Team heard from families of origin, lawyers, urban family support groups and FNCFS agencies about the importance of assisting the family to identify their own needs. The Review Team heard that the family members see themselves as going through the motions that will satisfy the worker in order to get their children back, but that it is difficult to sustain change in these circumstances. Parents want to have more input into the case plan for themselves and their child. They want more support from the worker in carrying out their responsibilities in the case plan. Many parents and others identified the need for sufficient and meaningful treatment resources that are available when a family member is highly motivated to make changes.

However, others, citing the importance of children getting good care early in life, feel little time can be wasted in giving inadequate caretakers a chance to rehabilitate. They feel the children's right to good care takes precedent over extending the parents' right to parent, especially when the parent has repeatedly failed to change. They want legislative changes that say, "Two strikes and you're out" or "remove the children permanently after one year if the parents haven't improved."

Many families reported that the DSS is viewed more as a destructive force than a support to them. This, in their view, is because policy is not reflected in practice. There is a lack of understanding of non-middle-class values. Frequently families do not feel respected.

What They Said

- "Parents need support in all areas of raising a family; address it in a holistic manner, so children are not pulled in and out of the system. Work with the families, no more bandage solutions. More financial support is what they need, with proper counsellors." (First Nations worker)

- "Social workers need to learn to work with us, rather than try to have power over us." (Parent of child in care)
- "There is concern that it's supposed to be a family-centered practice, but it gets fragmented right away, so then the talk is about child-centered things, rather than looking at the family and looking at solutions that way. It is a deficit-based system, rather than looking at the strengths of the family." (DSS worker)
- "DSS stepped in for our family—in a nice way at first, but DSS can destroy your life in a way you can never recover from. The children went into care, the Child Tax Credit was in arrears, and now we're going to lose our home." (Single parent, children formerly in care)
- "I see young people struggling with their children and their own lives. They need support that recognizes the worth in people. They (DSS) treat families as though they are worthless. It makes people want to revert to their old ways of doing things." (Parent of children formerly in care)
- "Permanent wards and adopted children aren't told enough about their families of origin. Even if children and youth cannot, or choose not to have contact with their families, they need information about who they are, for medical history, identity, as well as other less obvious reasons. We heard several times that Aboriginal communities worry about the children who return looking for their roots after being away for many years, that they may end up marrying a brother or a sister. This is a real fear of Aboriginal people." (First Nations worker)

"The way DSS manages the program, contact with natural parents is seriously limited. When reunification is a stated goal, one hour per week in an artificial environment is insufficient contact."

(Legal Aid lawyer)

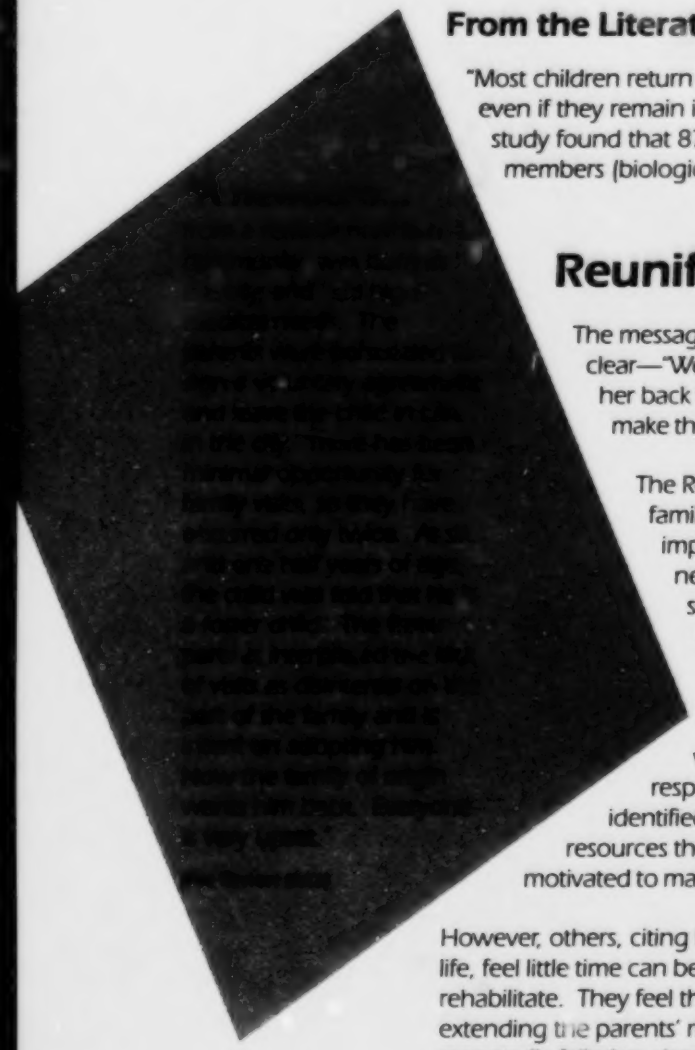
Family Visits

The Review Team heard that workers need to make more of an effort to keep children and youth in care in touch with their families. Workers told the Review Team that they don't have enough time to help keep children and their families connected while the children are in care. When supervised visits are ordered, contact is minimal because they are so difficult, in most cases, for workers to facilitate. Workers do not have time to arrange and supervise visits, so there is less contact than there should be. Also the DSS office, where visits often occur, is a poor environment. The family has difficulty having a positive visit and the worker may not get an accurate or realistic assessment of the family's functioning in an office visit. This impacts on the ability to meet the needs of children and their families, and consequently on the length of time it takes to return the children home. Lack of visits may even lead to parents giving up hope of ever getting their children back.

The situation is further complicated by the debate around natural family involvement in foster care. Ideally, it was suggested, foster parents and the family of origin would support each other. In these circumstances, frequent family contact with the children will most easily occur. However, the Review Team heard from a number of foster parents who said they did not want contact with natural families. They stated that they were "hired to work with children, not with parents."

"You can't love the children and hate the parents."

(First Nations Elder)



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Reunification

The message from the DSS to the family of origin needs to be clear—"We don't want to keep your child in care. We want him/her back with you as soon as possible. How can we help you to make that possible?"

The Review Team heard from families of origin, lawyers, urban family support groups and FNCFS agencies about the importance of assisting the family to identify their own needs. The Review Team heard that the family members see themselves as going through the motions that will satisfy the worker in order to get their children back, but that it is difficult to sustain change in these circumstances. Parents want to have more input into the case plan for themselves and their child. They want more support from the worker in carrying out their responsibilities in the case plan. Many parents and others identified the need for sufficient and meaningful treatment resources that are available when a family member is highly motivated to make changes.

However, others, citing the importance of children getting good care early in life, feel little time can be wasted in giving inadequate caretakers a chance to rehabilitate. They feel the children's right to good care takes precedent over extending the parents' right to parent, especially when the parent has repeatedly failed to change. They want legislative changes that say: "Two strikes and you're out" or "remove the children permanently after one year if the parents haven't improved."

Many families reported that the DSS is viewed more as a destructive force than a support to them. This, in their view, is because policy is not reflected in practice. There is a lack of understanding of non-middle-class values. Frequently families do not feel respected.

What They Said

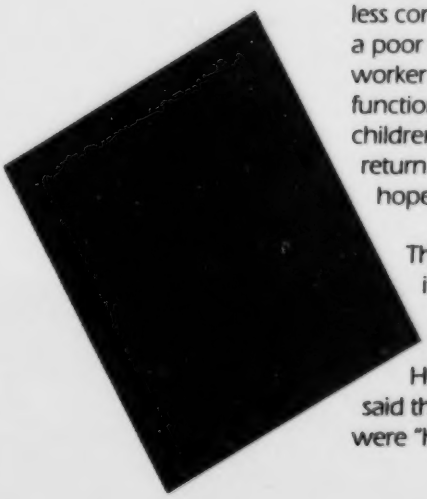
- "Parents need support in all areas of raising a family; address it in a holistic manner, so children are not pulled in and out of the system. Work with the families, no more bandage solutions. More financial support is what they need, with proper counsellors." (First Nations worker)

- "Social workers need to learn to work with us, rather than try to have power over us." (Parent of child in care)
- "There is concern that it's supposed to be a family-centered practice, but it gets fragmented right away, so then the talk is about child-centered things, rather than looking at the family and looking at solutions that way. It is a deficit-based system, rather than looking at the strengths of the family." (DSS worker)

- "DSS stepped in for our family—in a nice way at first, but DSS can destroy your life in a way you can never recover from. The children went into care, the Child Tax Credit was in arrears, and now we're going to lose our home." (Single parent, children formerly in care)
- "I see young people struggling with their children and their own lives. They need support that recognizes the worth in people. They (DSS) treat families as though they are worthless. It makes people want to revert to their old ways of doing things." (Parent of children formerly in care)
- "Permanent wards and adopted children aren't told enough about their families of origin. Even if children and youth cannot, or choose not to have contact with their families, they need information about who they are, for medical history, identity, as well as other less obvious reasons. We heard several times that Aboriginal communities worry about the children who return looking for their roots after being away for many years, that they may end up marrying a brother or a sister. This is a real fear of Aboriginal people." (First Nations worker)

Family Visits

The Review Team heard that workers need to make more of an effort to keep children and youth in care in touch with their families. Workers told the Review Team that they don't have enough time to help keep children and their families connected while the children are in care. When supervised visits are ordered, contact is minimal because they are so difficult, in most cases, for workers to facilitate. Workers do not have time to arrange and supervise visits, so there is less contact than there should be. Also the DSS office, where visits often occur, is a poor environment. The family has difficulty having a positive visit and the worker may not get an accurate or realistic assessment of the family's functioning in an office visit. This impacts on the ability to meet the needs of children and their families, and consequently on the length of time it takes to return the children home. Lack of visits may even lead to parents giving up hope of ever getting their children back.



The situation is further complicated by the debate around natural family involvement in foster care. Ideally, it was suggested, foster parents and the family of origin would support each other. In these circumstances, frequent family contact with the children will most easily occur. However, the Review Team heard from a number of foster parents who said they did not want contact with natural families. They stated that they were "hired to work with children, not with parents."

In contrast, the Review Team heard from others, especially in the Aboriginal community, that families must maintain lifelong contact with children. Parents should always have another chance. Children's rights to family, extended family, language and culture were a priority.

There needs to be more understanding of the trauma caused by the separation of a child from his or her family members. The long-term effects of loss of identity that occurs for children who are in care for long periods of time was identified as a concern. There are also significant grief issues on the part of the children and natural parents that are not being recognized.

The young people and others said that when foster parents and workers observe children behaving badly or becoming upset after a visit with their families, they conclude that family visits are not good for the children. They don't understand that it is grief and separation problems that are surfacing.

Practical concerns were also raised. Youth specifically mentioned that making phone calls to their families is a big issue. Many reported not being allowed to make phone calls, even if they were local calls, without permission from their worker. Others suggested that the natural families needed more transportation dollars to help them play a more active part in their children's lives (such as going to school meetings, doctors' appointments, and shopping for clothes with their own children).

What They Said

- "Why do we push children to go for home visits when it's often a frustrating experience for the child and for foster parents?" (Foster parent)
- "Why should we help arrange visits with the family when the children are so upset for days afterwards?" (Foster parent)
- "I remember getting into trouble for being depressed. What did they expect? My mother had just died. I was harassed for grieving, not supported." (Adult, who was in care several years ago)
- "Management should be offering opportunities for clients to be teachers to the service providers. Workers...need some emotional training. The managers also need this type of training." (Parent)

From the File Review

DSS policies are designed to promote family visits:

- "Children who come into care should be able to see their parents as soon as possible, unless it is not safe or in the child's best interests...
- Maintain a regular schedule of visits. This includes siblings if they are not placed together..." (FCSM)

In over 60 percent of the files, there were definite written plans for family visits. While there were no written plans in another 15 percent of the files, visits were occurring between the children and their families.

Barriers to families visiting were examined. The distance a child was placed from their home community was calculated as one possible barrier to family visits. Fifteen percent of children and youth who came into care were moved from their urban community to a rural community. Just over five percent of children were moved to an urban residence from their rural community. Although the results show that the majority of children and youth were usually placed fairly close to their home community, for about 45 percent of the children, the files indicated that their families were not able to visit. The reasons for family visits not occurring were not apparent in the files. The question of available and affordable transportation does not appear to be addressed.

From the Literature

"Regular contact with biological parents was found to be a predictor of the child returning home to his/her family... the longer children were in care, and the more placements that the children experienced, the less apt parents were to visit on a regular or semi-regular basis. Children who were visited on a regular basis have been found to demonstrate fewer behavioural problems, especially problems related to internalizing behaviours (withdrawal, depression), than have children who are rarely or never visited." (MacLaurin, 1998)

Inclusive Care

Many Review participants acknowledged that children and youth in the foster care system would be better served by creating "inclusive fostering." Although not all foster parents were supportive of this, many of those consulted talked about the need to include the children's family in the foster care arrangements.

Foster parents, who looked for ways to improve relationships between the child, the natural family and the foster family, thought inclusive care would help. Open adoption was sometimes cited as a desirable model that would provide stability for a child, without severing connections with family. Shared parenting between family of origin and foster family was also suggested. This could include ongoing involvement of both families with a child for extended periods of time.

"A community worker . . .
spoke of a case where "files sat on a desk after apprehension for a month while the mother was unable to get a hold of a worker. The mother was breastfeeding and one of the children was a newborn. I had to go to Social Services in person to make a contact for her to get in touch with her children. The mother had kept her milk up throughout. Then the foster parents told the department worker that she hadn't made an effort to visit the children, and weren't very cooperative about visits."

(Aboriginal Community Worker)

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- "Management should be offering opportunities for clients to be teachers to the service providers. Workers...need some emotional training. The managers also need this type of training." (Parent)

"There is little effort put into visits and keeping the avenues open for returning the child. Parents fear the Department."

(Community worker)

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"Each child in care should have two homes. DSS should work hard to maintain life-long bonds between child, natural family and foster family. The child should not have to choose between two families... should be welcome in both."

(Youth, formerly in care)

From the Literature

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The Review Team heard from foster parents that older children will return occasionally for significant periods of time to their extended family and then come back to the foster home. In most of these cases, the foster parents also have a positive relationship with some extended family member. Foster parents and children need some way to maintain contact after children have been returned home. It was suggested that foster parents could continue to provide respite to the family. Also, when children come back into care, there should be an effort made to return them to the same foster home, if that is desired by both parties.

What They Said

- "Our foster mom is awesome to us. She treats us all the same ... she acts just like a real mom to us... she helped us get jobs at McDonald's... she doesn't let anybody say bad stuff about us because we're foster kids... she lets us phone our parents long distance." (Group of youth from the same home)
- "It's so much better for the children when I can call their mom and ask her about bedtimes, what they like to eat, her routines at home. It just cuts down on the trauma for the child." (Foster parent)
- "Foster parents could also be trained and serve as a parent aide, if the children are returned to the care of their parents. If a child is removed from their parent's care again ...have the child go back to the original foster parents. This would help reduce the trauma... if the child had had ongoing contact with the foster parent as a parent aide." (Physicians with a Child & Family Medical Services Team)

"Foster families and families of origin would come to communicate, if they met in an informal, neutral setting. Occasionally, families of origin would contact foster families to provide respite and continue contact on an informal basis. There is support for this in the manual but no one seems to encourage it."

(Social worker)

From the Literature

"Inclusive care is a term first used by Holman (1975). Its basic premise is that the children's own parents should not be excluded from the fostering system and that children need a true sense of their present identity and past history ... inclusive care not only helps the child but can be a powerful vehicle for support and development of the child's family. Thus inclusive foster care fits well with the philosophy of using least intrusive measures." (Kufeldt, Armstrong & Dorosh, 1995)

Siblings and Extended Family

Sometimes extended family members are willing to go to great lengths to be involved in children's lives, even when they cannot have the child live with them. Every youth participant was asked, in thinking back to the time when they first came into care, if they could have identified someone in their extended family or community they could have had a long-term relationship with. Most youth identified at least one person in their extended family who may have been able and willing to take on this role.

"My mother's brother . . .

brought me to Social Services when I was five because my mom was drinking and neglecting me. He lived far away and I couldn't live with him, because he was in the military. He wrote me letters and sent me presents...when I was ten, he moved to PA to be closer to me. Even when my mom disappeared, I knew I wasn't alone."

(Male, Aboriginal, permanent ward)

The connection between siblings is often intense. The siblings may have gone through tough times together and supported each other, so strong bonds develop. Older children may have done much of the parenting of younger siblings. Youth strongly believed that if siblings must be split up in care, the importance of their contact with each other must be recognized, and frequent visits arranged.

When children go into care they are removed, not only from their family, but also from their school, neighbourhood and friends. Several people felt so strongly about the disruption that going into care causes in children's lives, that they suggested removing the parent(s) from the family home rather than the children.

What They Said

- "I see my aunts and uncles every day. I still get to go over for all the family stuff. When I lived in PA I saw them maybe once a year...my foster parents were good to me, but I moved back because I needed to be with my family." (Male, Metis, former permanent ward, 20)

- "The best days of my life were when I was with my uncle. He would pick me up from school and take me to the mall. He's the one who bought me my first bike...he would come over to my foster parents' house for my birthday and for Christmas. All the other kids (in my foster home) would call him 'uncle' in Cree." (Male, Aboriginal, permanent ward, 16)

- "Remove the parents, and give them the help rather than removing the children." (First Nations manager)

- "DSS tends to treat kids like they're Timex watches. Fix them and send them on. But kids are never the problem. Fix the families and emphasize helping parents. They spend too much effort on the back end....treat kids like they're disposable. People forget that kids are your ultimate responsibility." (Group home worker)

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From the File Review

DSS policies recognize the importance of siblings. In recognizing the priority of family, departmental policy directs that siblings are placed together unless it is not in their best interest. "Many children are very attached to one or more siblings; in fact, these relationships may have the intensity usually associated with the parent/child relationship. Every attempt should be made to avoid disrupting sibling relationships. In situations where resource limitations do not allow placement together, a plan must be established at the time of placement for siblings to have regular contact with each other. This plan should be recorded on the protection and childcare files." (FCSM)

Of those children who also had siblings in care, over 60 percent were placed with at least some of their siblings and about 30 percent were not. In the remaining files, it could not be determined whether the children were placed with their siblings or not. The files indicated that at least 50 percent of children who were not living with their siblings had contact and visits with them. For the remaining 50 percent, contact with siblings could not be determined from the files.

Preparing Children to Return Home

The Review Team heard from a number of sources that there is a need to help prepare natural families for the return of their children. Reuniting families is disruptive and the abrupt return of several children at one time can be very difficult for families. There must be ongoing support to the family once the children return home. Preventing children from returning to care is also a priority.

What They Said

- "When kids come back from care, especially First Nations kids, they are not accepted by the family and community; they've got different clothes, got used to having allowances, and often a higher standard of living. Workers need to spend time reintegrating the children. The child still needs someone to talk to who will support them, who understands what they are going through. It should be the same worker who has been with the child through the whole process." (Aboriginal worker)
- "It was really hard when I went back to the reserve, everything was so different there than in (town). It made me feel so upside down to go back to the reserve...the other girls didn't like me now because I talked different, and wore different clothes and had different hair. I wasn't gone that long, the first time, just one school year." (Youth, formerly in care, status Cree, 24)
- "When one mother came home from addictions treatment, all five of her children were returned to her within 45 minutes of her arrival home. That wasn't fair to her." (Foster parent)
- "The kids know that when they return home no one will be checking on them. They shouldn't feel trapped like that. They should have ongoing access to their worker." (Foster parent)

Recommendation 2.11

That connections between a child in care and his or her family and extended family are made as early as possible and supported to the maximum extent. Children should not drift within the foster care system without every effort being made to connect them in a meaningful way with their family of origin.

Consider . . .

- Consulting with children about who they would like to continue to have contact with, including their extended family.
- Preparing foster families to assume a co-parenting stance with the natural family.
- Including more co-parenting training in the foster parent training program.
- Arranging visits with family as soon after a child has been apprehended or placed in care, as is safely possible, in order to ensure the child of the continued link with their parent.
- Planning visits with family as much as possible in a natural or neutral environment.
- Encouraging phone calls, while ensuring sufficient budget to cover the costs.
- Returning kids home is quicker when contact is maintained with family.
- Providing youth with more contact and cooperation between the people who care for and about them... in this case between their family and the foster family.
- Using a "Quick Form" at the time of placement, to give foster parents required information.
- Having foster parents sign an oath of confidentiality upon receipt of information about each new placement, like they do in Nova Scotia.
- Creating more pilot projects like the Placement Unit in the Saskatoon Region to support foster families when they first get new children into their homes.

M121

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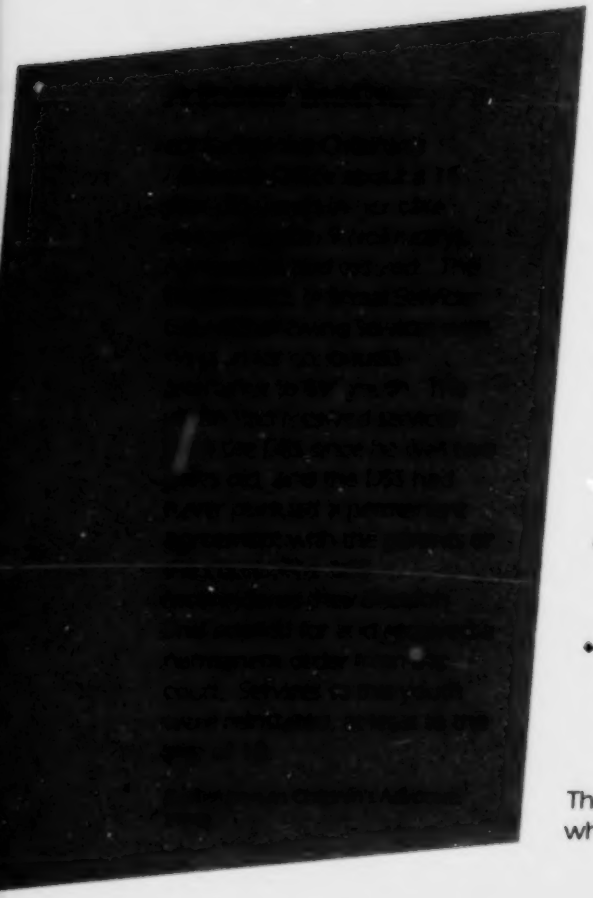
Transitions Out of Care

The Review Team heard that there is a lack of practical and emotional support to older youth who have been in long-term care. Foster parents and social workers are particularly aware of the difficulties youth experience when they go abruptly from being in care one day, to being on their own the next day as they turn 16, 18 or 21, depending on the terms of their care agreement. There is consensus that youth need to achieve gradual, well-planned independence with financial and life skills support. Young people who are not in care usually get this support for gradual independence from their family.

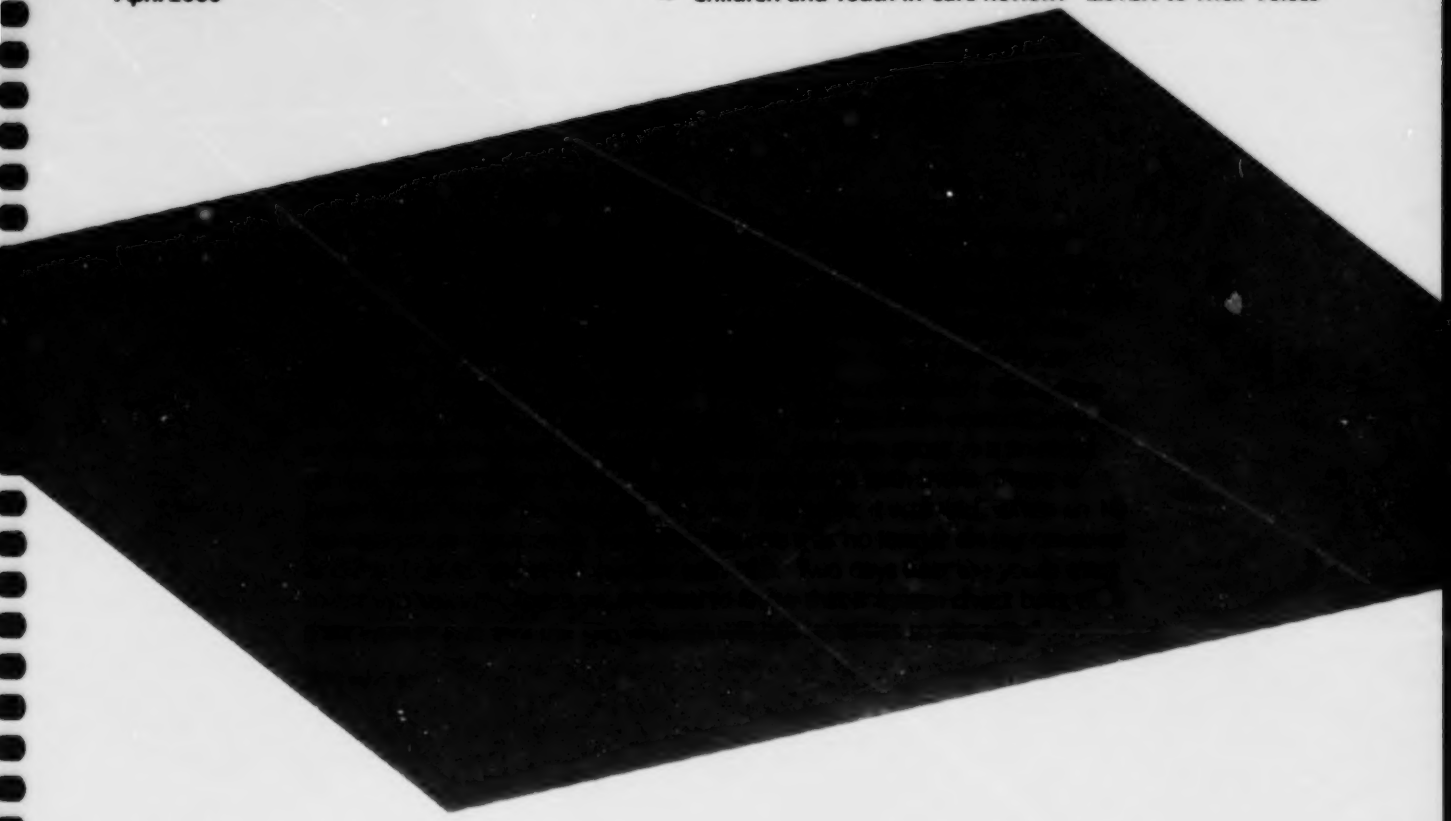


People were concerned that when youth turn 16, board and room agreements are often used and that these are inadequate because most youth still need considerable adult attention. There is also a lack of clarity about the role of the provider of room and board. To what extent they are expected to provide guidance, life skills and support, in addition to room and board is unclear. Youth with disabilities are seen as particularly vulnerable, requiring more support and extended support.

Recent amendments (December, 1999) to *The Child and Family Services Act* have improved support to youth aged 18-21 in permanent or long-term care. The changes allow the DSS to provide:

- "short-term support to help prepare young adults for further education, although they do not plan to continue their education immediately;
- constant care or day programming that do not fall within the usual definition of education (such as sheltered workshops) for those who are intellectually challenged; or
- additional support required to find and keep a job (like addictions counselling, transportation assistance, cost of uniforms or tools) for those planning to enter the workforce." (Saskatchewan Social Services, 1999)

These welcomed changes would appear to be consistent with what the Review Team heard was needed.



What They Said

- "Seriously look at the cut-off line for teens. Age 18 is too young. There is a real need for care and financial help for these youth...they are still too young to be on their own, especially if they are still in school. There should be some coverage beyond 18 for sure, and also in some other situations, if they are going to university, 21 years and beyond. (Foster parent)
- "Long-term wards are cut off at age 18, but other children can call their parents for $100 until they are 30. These kids need continued help past the age of 18 and Social Assistance is not the help they need." (Foster parent)
- "The expectations of individual parents and government as parent are quite different...in helping kids with education, for example." (DSS worker)
- "Especially the FAS youth...the last foster home may be the main connection in their life, the government abandons them." (Foster parent with older teen still living in home)
- "FAS kids become welfare recipients and street people." (Foster parent)
- "The goal should be to have functional adults who become functional parents...gradually wean youth from support...until the age of 23 seems reasonable." (Professor, social work)
- "Lots of social workers are still helping their own kids out after they turn 21. Why can't the government do that too for their kids." (DSS worker)

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A foster mother . . .

contacted the Children's Advocate Office about a 16 year-old youth in her care whose Section 9 (voluntary) Agreement had expired. The Department of Social Services was withdrawing services with no plan for continued assistance to this youth. The youth had received services from the DSS since he was two years old, and the DSS had never pursued a permanent agreement with the parents or the court. The DSS reconsidered their decision and applied for and received a permanent order from the court. Services to this youth were reinstated, at least to the age of 18.

(Saskatchewan Children's Advocate, 1998)

"They aren't prepared . . .

to be on their own, not at 16 or 18. They aren't ready for independent living. DSS doesn't do a good job of preparing youth for adulthood. They need life skills training: nutrition information, cooking, budgeting, job search skills. They don't even get a letter saying 'good-bye and good luck in the future.' Just a pro-rated cheque, depending on the time of month their birthday is. Need a worker to represent departments of Health, Education and Social Services...should work together to provide them with information in advance of them becoming independent. Let them speak to a financial advisor. Somebody should celebrate their birthdays with them. There is financing for lots of occasions, but not for birthdays. I was told, when an 18 year-old youth dropped by the office, that he was no longer on my caseload and that I could spend 10 minutes with him. Two days later the youth tried to commit suicide. These youth need to know that they can check back with their worker and that the Department will not sever ties so abruptly."

(DSS worker)

What They Said

- "Seriously look at the cut-off line for teens. Age 18 is too young. There is a real need for care and financial help for these youth... they are still too young to be on their own, especially if they are still in school. There should be some coverage beyond 18 for sure, and also in some other situations, if they are going to university, 21 years and beyond. (Foster parent)
- "Long-term wards are cut off at age 18, but other children can call their parents for $100 until they are 30. These kids need continued help past the age of 18 and Social Assistance is not the help they need." (Foster parent)
- "The expectations of individual parents and government as parent are quite different...in helping kids with education, for example." (DSS worker)
- "Especially the FAS youth... the last foster home may be the main connection in their life, the government abandons them." (Foster parent with older teen still living in home)
- "FAS kids become welfare recipients and street people." (Foster parent)
- "The goal should be to have functional adults who become functional parents...gradually wean youth from support... until the age of 23 seems reasonable." (Professor, social work)
- "Lots of social workers are still helping their own kids out after they turn 21. Why can't the government do that too for their kids." (DSS worker)

From the Literature

There is considerable support for the need for ongoing assistance for youth who are ending their time within the foster care system:

"Most children do not have to suddenly establish themselves as independent adults at age 18, but many of those in care do, even though they may be less able to do so. It is our contention that the high death rates for those approaching 18 years may reflect apprehension about the approaching loss of support (particularly among vulnerable individuals), while the high rate following age 18 represents the reality of having to go unprepared into adult life. Taken together, the findings from this study suggest that it is not the operation of a child welfare system that is the problem, it is the timing and style of the withdrawal of services. This indicates that more attention needs to be devoted to the transition to unsupported life that occurs at age 18." (Child Welfare League of Canada, 1996)

"The daunting challenge of the transition to adulthood for youth leaving care requires consideration of the following points:

- The usual age at which Canadian young people leave home is in the mid-twenties; how then can the state justify requiring children in care to leave home at 18?
- Why would 74 percent of this study population who were entitled to stay in care until they were 18 choose to le[illegible] early? Does this suggest a poorness of fit between what they want or need and what is offered?
- Are high-risk behaviours, such as early parenthood and illicit activity among youth leaving care, the result of rational and informed choices among the options reasonably available to them as they pursue accepted social goals? Should resources be used to reduce the transitional gap, or to support the capacity of young people to manage the reality they encounter?
- What conditions will motivate society to reconceptualize responsibility to youth during their decade of transition? Youth, with those who value their capacity to become good and caring adults, must collaboratively articulate a vision and market it to the public." (Martin, 1996)

Recommendation 2.12

That older youth in care be supported in their transition to independent living. Community standards of parenting and regulations that all Saskatchewan parents must comply with must also be applied to government as parent.

Consider . . .

- Creating more programs of independent living, where older youth can continue to receive support while working toward independence.
- Developing more alternatives to foster care, like group homes, to add to the continuum of care for older youth.
- Increasing the board and room rates for older youth to reflect the supervision and care expected of board and room providers, for youth who are not ready for full independence. Further, that the expectations of those providing this service be clearly communicated to them.
- Establishing a monitoring system to ensure that any youth approaching his/her 16th and 18th birthdays have their care record formally reviewed. Consideration should be given to making permanent or long-term wards of those who have been in care for long periods, whether continuously or intermittently. Youth at these critical ages should be given information about their options and rights.
- Creating an educational fund for long-term or permanent wards so that they can go to a post-secondary program at any time, say, before they turn 30 years of age. Do not cut them off at age 21 because they still need support after this age.

M121

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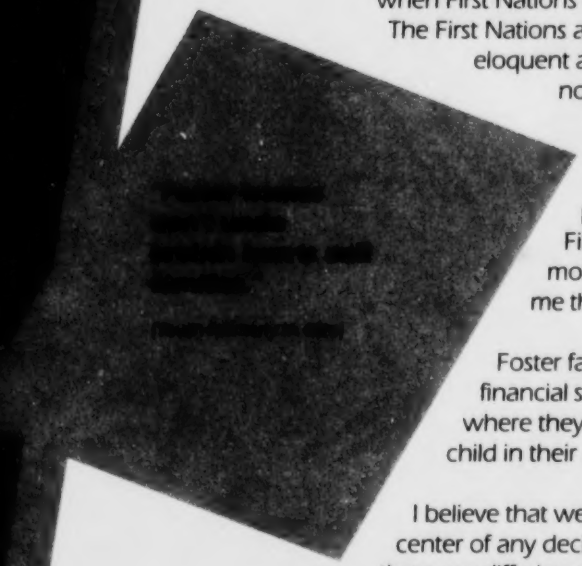
Part V
Providing Foster Care



Placing children in foster care is always difficult and it becomes more difficult when First Nations or Metis children are placed with non-Aboriginal people. The First Nations and Metis people who participated in this Review were very eloquent and very clear that it is wrong for their children to be placed not only away from their natural families, but with families that are racially and culturally different. This is not respectful of the children and does not give these children the heritage they so rightfully deserve. Kinship care options need to be a priority, followed by placement of First Nations children with First Nations foster families. Somehow everyone needs to be more sensitive to the impact of race on children and it seems to me that this is a topic we avoid discussing.

Foster families told us that they also need more support — more financial support, more training and more protection in situations where they believe they are wrongly accused of abusing or neglecting a child in their care.

I believe that we need to always keep the children and young people at the center of any decisions. The best interests of children are not easily defined — there are differing perspectives on what is "best", which creates competing interests that are not easily resolved. I have tried to reflect this in this section.

RECOMMENDATION 3

That foster families, Persons of Sufficient Interest and Alternate Caregivers be provided the supports they need to ensure that the children in their care are provided, to the maximum extent possible, the special protection and care to which they are entitled.

Part V Providing Foster Care

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"Foster homes don't undo broken hearts and families."

(Youth formerly in care)

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Placement Options

Lack of Resources

Lack of a sufficient number of foster homes and/or other resources for residential care were the main reasons given to the Review Team for breaching the policy on the maximum number of children in a home. The Review Team was told that attention must be given to securing a sufficient supply of foster homes. Meeting the need to match children and homes is not possible when there are too few foster homes.

Lack of resources adds stress to existing resources. When homes are overloaded, children and foster homes mismatched, workers rushed for time and foster parents under-supported and underpaid, safety concerns arise.

"Matching children to foster parents is pretty much a thing of the past. Resources are so strapped that any placement is acceptable."

(DSS supervisor)

What They Said

- "Any kind of matching would be unique." (Community social worker)
- "We would like to be able to have kids tell you what they want in a foster home. We can't do that because we couldn't follow through, because resources are so tight. This should be what is aspired to." (DSS worker)
- "There's a lack of resources. Inappropriate kids are put in inappropriate places. They need stabilization and assessment before being put in a home. So foster home placements break down. It's critical. We used to have Dale's House for stabilization. (A stabilization facility) could also provide respite for a youth and their family." (DSS worker)
- "Group homes fill the need where a youth has needs that cannot be met in a foster family. Youth often resent the surrogate parent situation of a foster home." (Community social worker)
- "There is no placement matching happening. Children are just placed wherever there's a spot. It's not fair for kids. We need more foster homes so there can be better matching." (DSS worker)
- "You put seven teenagers in a house together, and some of them are related and some aren't, you're going to have problems." (Female, Metis, extended care agreement, 21)
- "Workers don't know the kids, so don't know when the kid is hurting (kids don't trust them so don't tell them) or know the truth of what the kid is saying." (Youth in care)
- "Overloading homes creates safety concerns. Perhaps there should be only one kid, or only kids from one family in each home. But the pay is so poor families trying to make a living at it take more kids." (Foster parent)
- "Foster families try to handle the child but when they can't then they are moved on. With each move the behaviour gets worse." (DSS worker)

From the File Review

DSS policy regarding placement of children outside of their parental home is comprehensive. DSS policy states that "A child's placement should be matched to the child's needs as closely as possible within the resources available. When selecting the placement, consideration should be given to any special needs the child may have as well as his background and interests."

The policy further describes a range of criteria that should be used to determine an appropriate placement for the child or youth. Some of the criteria listed include such things as cultural, racial, linguistic, religious and socio-economic background; the child's interests, abilities, strengths, developmental, emotional, social, medical and educational needs; and the "fit" of the foster family – to have the skills and abilities to meet the child's needs. The policy further indicates that "the child's wishes if they can be ascertained, and the wishes of any parent who is entitled to access" should also be considered. (CSPPM)

Information gathered during the file review indicated that 34 percent of children and youth over the age of five had input into placement decisions and as expected, those older were more often involved. Thirteen percent of children six to 11 years of age, 38 percent of those 12-15 years of age, and 54 percent of youth 16 or older definitely had a say in their placement.

"I left a home yesterday saying I would never place a child there again. This morning I called begging them to take a child because I had no other place to put her."

(DSS worker)

The families of origin were involved in planning for about 55 percent of all children in care, while 34 percent of the files indicated that foster families were involved in decision-making. First Nations bands had input into planning for 26 percent of the status children.

DSS policy outlines that the maximum number of children that can be placed in a foster home at any given time is four. Exceptions are considered in the following circumstances: "the placement of sibling groups, the placement of children in a home in which they have lived previously, short-term emergency placements. Exceptions will only be made with regional director or delegate approval, which will require renewal every two weeks. Monthly reports listing exceptions to policy will be submitted to the Senior Program Consultant, Children's Services.

The policy further outlines that "the maximum of four children should be considered only when the child care needs are at a minimal level and all the foster home and community factors are at a high level. The following guide may be used to determine the numbers and ages of children in a foster home: If four pre-school children are in the home, no more than two may be under 24 months of age; OR if no other pre-school children are in the home, three children under 30 months of age may be placed." (CSPPM)

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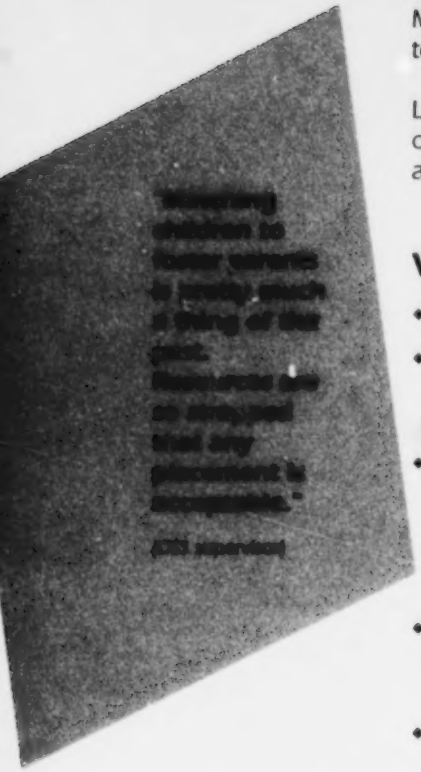

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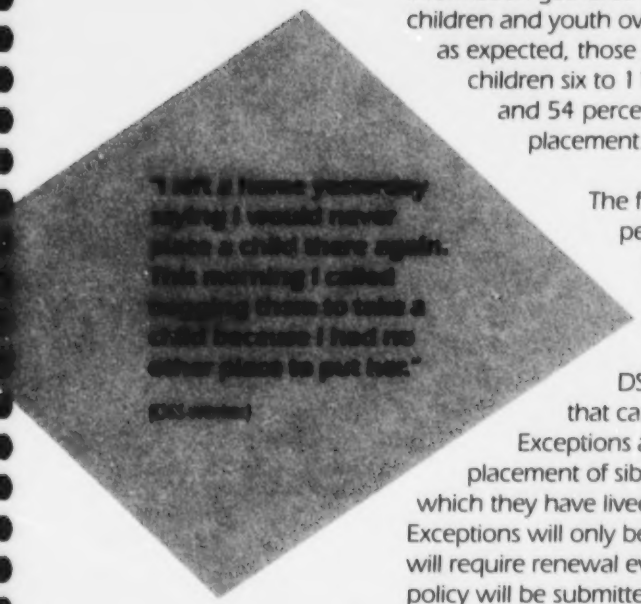

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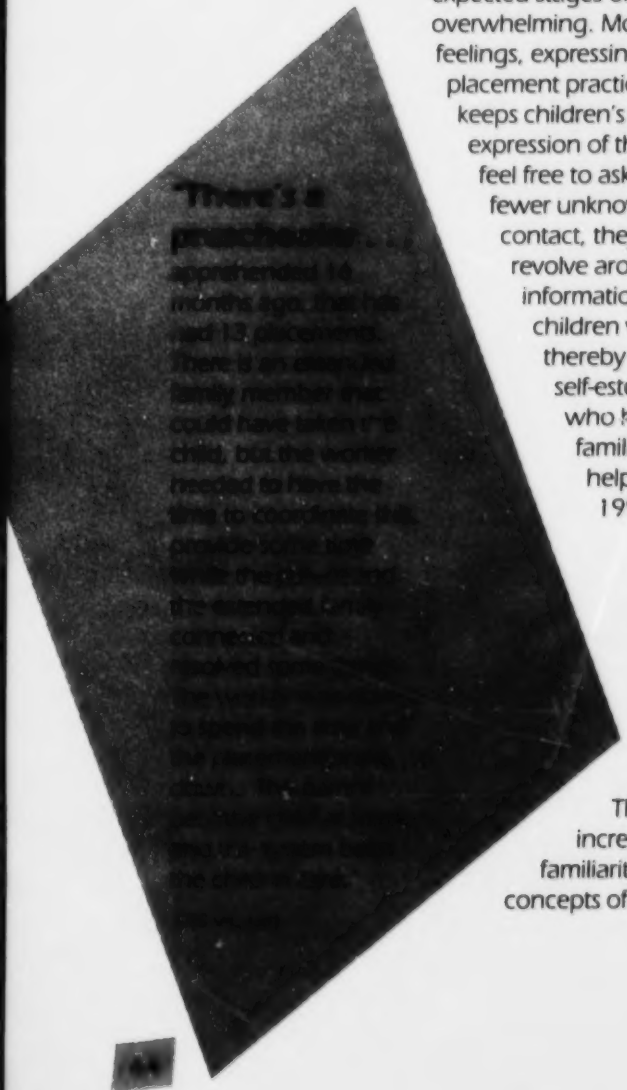
From the Literature

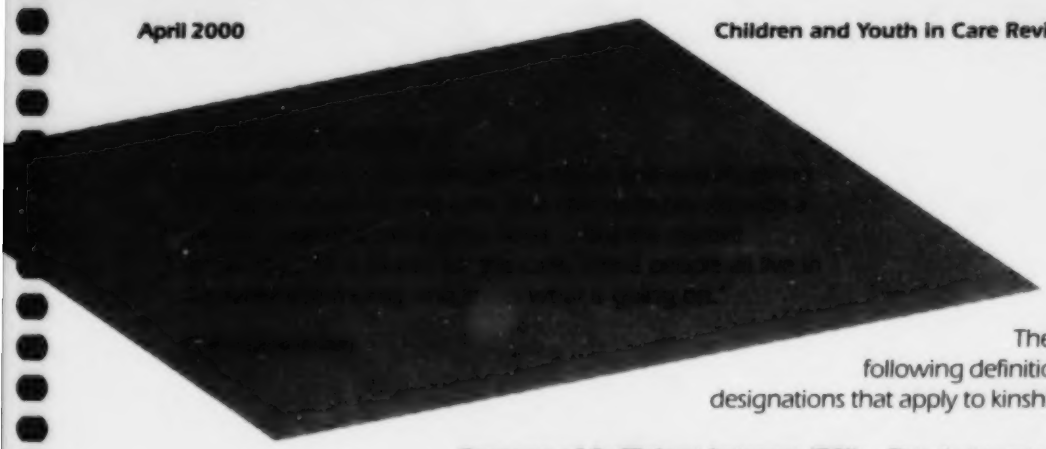
Matching children carefully with the "right" homes can assist the child to work through some of the trauma of placement.

"In summary, children entering foster care do not usually go through the expected stages of separation, because the trauma of placement is so overwhelming. More often, they move into premature detachment from their feelings, expressing their feelings indirectly through disturbed behavior. In good placement practice, adults will collaborate to provide an environment that keeps children's anxieties to a manageable level. It is vital to facilitate children's expression of their underlying feelings, preferably to their parents. If children feel free to ask questions, and if they receive honest answers, there will be fewer unknowns to make them anxious. If children have continuing family contact, they will have a chance to complete the developmental tasks that revolve around their parents. Without contact and sharing of information, we can expect from theory, research, and experience that children will bury their feelings and move prematurely to detachment, thereby damaging their capacity for future relationships. Identity and self-esteem are intimately linked with family connections. Children who have been uprooted need help in maintaining links with their families, either in person or through the sharing of information to help them understand their own origins and history." (Palmer, 1995)



Kinship Care

Kinship care refers primarily to placement of children in care with relatives or others who have some connection to the child. The possible benefits to children are recognized in the DSS *Family-centered Services Manual.* The benefits listed are: reduction of trauma for the child, increased ease in maintaining family connections and visits, familiarity with the child's history, and development of positive concepts of family members.



The DSS has provided the following definitions of the two designations that apply to kinship care. These are:

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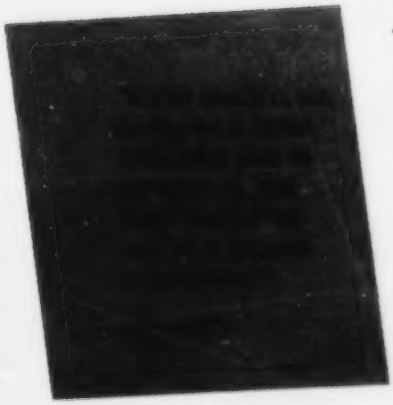
Alternate Care: Where the DSS administratively places a child in care with extended family the child is designated as in "Alternate Care."

Many people who consulted with the Review Team indicated that although the DSS is making an effort to use kinsip care placements, they were frustrated by the "haphazard" or ad hoc approach being used. Few standards or policies exist about the establishment, use and maintenance of kinship placements. There are few standards to maximize the safety of children in kinship care and support for kinship caregivers is inconsistently provided.

In the north, where kinship care is used extensively, the Review Team heard that "grandparents are overburdened because they feel and act responsible for keeping the children in the community." Kinship care arrangements are further complicated by the houses that are often crowded with adults and children. There is little respite for kinship care providers.

The Person of Sufficient Interest (PSI) and Alternate Care policy and practice was criticized as being confusing and minimally supported by the DSS. The Review Team heard repeated complaints that the PSI policy is conceptualized and administered differently from one part of the province to the other.

What they Said



- "There's a real wall preventing general workers from locating resources. It would be wonderful to make some contacts about extended family backups before a crisis, a place where children could go overnight. Then if a crisis happens, you don't have to take children into care. We don't have a crisis nursery or receiving homes that could keep children for a short period of time until we could locate relatives." (DSS worker)
- "Why should foster parents with no interest, or does that mean insufficient interest, get more support than a person with sufficient interest?" (Extended family member)
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"There's a preschooler . . . apprehended 16 months ago, that has had 13 placements. There is an extended family member that could have taken the child, but the worker needed to have the time to coordinate this, provide some time while the parent and the extended family connected and resolved some things. The worker was unable to spend the time and the placement broke down. The parent beat the child at home, and the system beats the child in care."

(DSS worker)

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Kinship care refers primarily to placement of children in care with relatives or others who have some connection to the child. The possible benefits to children are recognized in the DSS *Family-centered Services Manual*. The benefits listed are: reduction of trauma for the child, increased ease in maintaining family connections and visits, familiarity with the child's history, and development of positive concepts of family members.

"A foster family . . .
was caring for a child with special needs and was receiving $1,500 a month for that care. The child was placed with a relative... still had the special need ... but the relative received $270 a month for the care. These people all live in the same community and know what is going on."

(First Nations leader)

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- "It's hard to catch up with locating family (for children already in care)." (DSS worker)

"It's so much nicer to say to a child, 'let's take you to aunties', rather than 'we'll take you to a special babysitters.'"

(DSS worker)

From the File Review

The preference for placing children with extended family is articulated in DSS policy:

"Criteria in placement selection for a child should include: the child's cultural, racial, linguistic, and socio-economic background, and kinship ties." (CSPPM)

For about 40 percent of children, there was documentation in their file that, extended family placements were explored, either initially of after the child was in care for a period of time, or both.

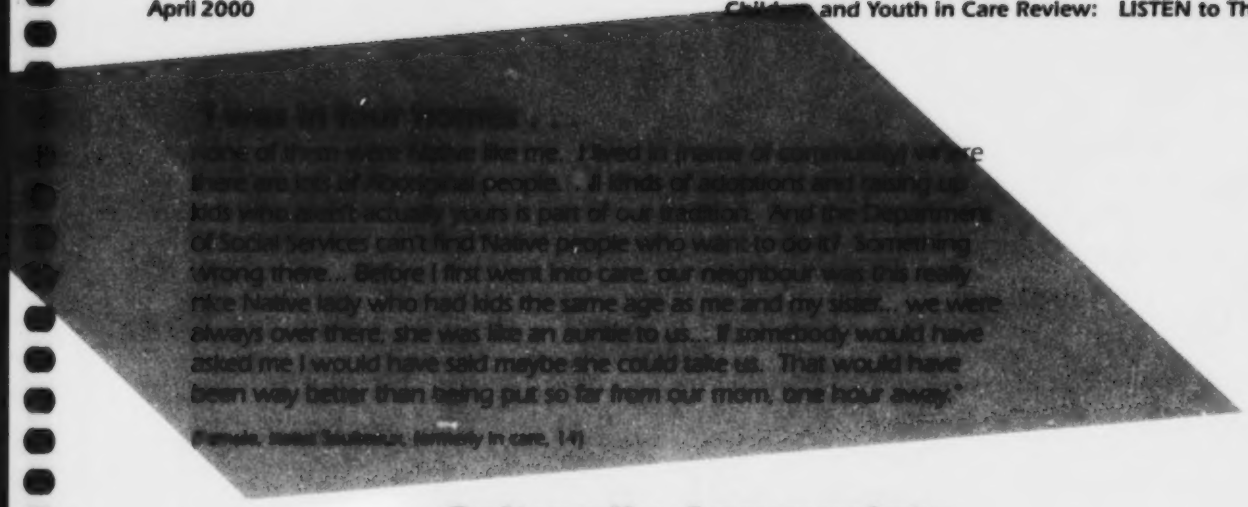
Almost 20 percent of the children were placed with extended family in PSI or with Alternate caregivers. Eleven percent of the children and youth whose files were reviewed were reportedly in PSI placements. However, when the actual legal status of these children was examined, almost all were Alternate placements because the caregiver had not been designated as a PSI by court order. As noted in information from the DSS, there has been use of some generic terms such as "POSI" for children placed with relatives under a variety of conditions. Although there has been an effort toward greater accuracy in the use of these terms, there is still significant confusion.

Home studies were completed in eight of the 11 placements that were called PSI, were not carried out in two of these placements, and in one, it could not be determined if a home study was done. Home studies were carried out in three of the nine Alternate care placements, were not done in two of the homes, and it could not be determined whether home studies occurred in the remaining four Alternate homes. Annual reviews and continued worker contact were not evident in any of these files, unless the caregiver was also an approved foster parent.

From the Literature

"There is an ongoing discussion about the role of kinship care, how it should be regulated or monitored, and whether kinship caregivers should receive the same reimbursements as non-relative foster parents. The findings of this study that kinship caregivers have more positive perceptions about the children placed in their homes than do non-relative family foster care givers, gives support to the value of extended family placements. In addition, the kinship caregivers' willingness to consider adoption should be explored as a permanency planning option." (Gebel, 1996)

"The lower level of caseworker contact with kinship caregivers than with non-relative foster caregivers raises concern about the attention being provided to achieve permanency for the children placed in kinship care, the monitoring of the quality of care they are receiving, and the level of support that the kinship families may be receiving to help them meet the children's needs. The significantly lower income levels of kinship homes as compared to that for the non-relative foster homes suggests that agency financial support for kinship homes comparable to that for non-relative homes may be warranted. The findings about kinship caregivers' attitudes toward physical discipline and their level of empathic responses to children's needs may suggest the need for pre-service training and casework support similar to that received by non-relative foster parents." (Gebel, 1996)



"I was in [illegible] ... none of them were Native like me. I lived in [illegible] there are lots of Aboriginal people. ... It kinds of [illegible] kids who aren't actually yours is part of our tradition. And the Department of Social Services can't find Native people who want to do it? Something wrong there... Before I first went into care, our neighbour was this really nice Native lady who had kids the same age as me and my sister... we were always over there, she was like an auntie to us... If somebody would have asked me I would have said maybe she could take us. That would have been way better than being put so far from our mom, one hour away."

Female, status Saulteaux, formerly in care, 14)

Culturally Appropriate

Most Aboriginal youth talked about the importance of having Aboriginal families care for Aboriginal children and youth. Most groups conveyed an understanding of the importance of heritage and culture and recommended that Family Services do more to reflect this need. The Review Team met several people who told about discovering their Metis background late in their lives. Several others talked about a recent discovery of the importance and resulting pride of being Metis. They all felt that knowledge and pride in their Metis identity may have helped them when they were younger.

Many Aboriginal participants told us "standards for recruitment of homes are set with middle class families in mind." They explained that not only are there built-in biases against non-white, non- middle class families, but many Aboriginal people distrust the system that has hurt them and their families in the past and for this reason shy away from offering their homes. For example, the requirement for a criminal records check when a family applies to be a foster family is a barrier for many First Nations or Metis families.

What They Said

- "Aboriginal kids should be kept with Aboriginal families and the same with the Metis kids. These kids end up losing their heritage." (First Nations worker)
- "When foster parents go for a medical, DSS requires some sort of confirmation (before they will reimburse for expenses), but what if they go to a sweat lodge? This is where the government policy does not recognize this need. Because there are a lot of people here that prefer going to a medicine man instead of a doctor. A lot of the policies are written for the south, not the north." (First Nations worker, far north)
- "Aboriginal people don't want to have a criminal records check... they don't know what DSS will make of the information. They see it as an automatic rejection to be asked for a check." (First Nations worker)
- "Most Aboriginal people don't know how to apply for a pardon." (First Nations worker)
- "We had seven foster parents on this reserve before the FNCFSA was set up four years ago. Now we have 100." (First Nations worker)

"I was in four homes . . .
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From the File Review

"What happens to these children who are now adults, they have shame and denial, they do not know who they are. They want to be anything BUT an Indian... ."

(First Nations Social worker)

DSS policy clearly indicates the steps that should be taken to make a culturally appropriate placement for a First Nations or Metis child: "Alternate care arrangements should be explored first with family/Band. If no family resource is available, a foster home placement may be arranged. The substitute caregivers must be prepared to work with the Band and the family toward restoration of family functioning, to enable a safe return of the child.. The following placement priorities will be followed:

- placement with the extended family;
- placement with any other Band family;
- placement with a family in another Band of similar culture and linguistic heritage;
- placement with any other First Nation family;
- placement with an Aboriginal family;
- placement with a non-aboriginal family, close to the child's home community." (FCSM)

Of children with First Nations status, culture was considered for about 40 percent of the children. This included exploring placement with extended family, placement in an Aboriginal family, or by input from Band members when placement options were reviewed. Twenty-three (23) percent of First Nations children were placed in a foster home where at least one parent is First Nations, or with an Alternate caregiver or in a PSI placement.

From the Literature

In Saskatchewan, finding "same background" placements for First Nations and Metis children is a major problem and concern.

"A Saskatchewan study (using 1988 data) showed that 94 percent of native children were placed in families of different background to their own. Younger children particularly tended to be placed out of their own background. The average age of children placed in a family of a different background was seven years, compared to ten years of age for those who were placed with foster families of the same background." (Rosenbluth, 1995)

"Take advantage of our scenery, our land and lakes. Teach traditional skills to youth in the bush here, cultural camps in the appropriate setting. Sixty percent of the people across the north are Metis. We would need some experts, trappers, fishermen, etc. to teach the culture, the spiritual heritage... help them to be more self-reliant, get them back on their feet."

(Metis Nation Elder)

Screening and Monitoring

Youth expressed a major concern about foster parent recruitment, screening and training. Many reported negative experiences ranging from unfair and preferential treatment to extreme cases of physical and sexual abuse. Many youth identified the DSS as "an accomplice in their maltreatment."

Youth pointed to the lack of time their workers spent face to face with them, the lack of home visits and the what seemed like unwillingness of workers to "do something about it" when concerns were expressed. Youth wanted social workers to visit more often in the foster home. They wanted the workers to see what they see, good or bad, and talk to them about it... to validate their observations and concerns. Youth said they felt isolated and vulnerable. They needed their worker as a confidant and as a link to their family.

"Foster parents are the ones who make or break the foster care experience. If you luck out and get good foster parents, things will be okay for you; if you don't you're in for serious trouble."

(Youth formerly in care)

Youth in particular felt that the system needs to screen foster parents better. Youth stated that they want foster parents who respect and advocate for them. When a youth reported having a good relationship with their foster parents, they recognized the long-term beneficial impact these relationships had on their lives.

What They Said

- "If people want to be foster parents, and they don't have anything to hide, then they should be okay with surprise visits. It's the only way to know what it's really like in that house." (Male, long-term ward, 17)
- "The foster dad would say stuff like, 'look at those stupid drunken Indians hanging around downtown, they just want us white people to pay taxes so they can get their welfare checks'... I told my worker 'this guy is a Nazi racist bastard.' She said she wasn't going to move me just for that... I ended up running and breaching." (Male, non-status Cree, 16)
- "Shit was going down in that house, her kids were into drugs and she would go to this crazy church... she tried to convert me all the time, she would feed us food that had been sitting out for a couple of days and she had a lock on the kitchen cupboards so we couldn't cook ourselves or get our own food ... she wasn't abusing me but it still wasn't some place I could live and be happy... I was on the phone with my worker, I wanted her to get me out of there and I was telling her what was going on and my foster mother must have heard, comes in and starts hitting me with a wooden spoon. I told my worker what my foster parent was doing, she said I should get off the phone and work it out with my foster parents... I knew from then on that I was on my own." (Female, formerly in care, 17)
- "My foster parent's kids were already grown up... they said we were like their second family... my foster mother was there when my son was born and they are his grandparents. They are my role models for parenting and support me in any way they can." (Female, formerly in care, 24)
- "The people we lived with were farmers and they worked hard for everything they had... living with them I realized that I wanted that too." (Male, status Cree, formerly in care)

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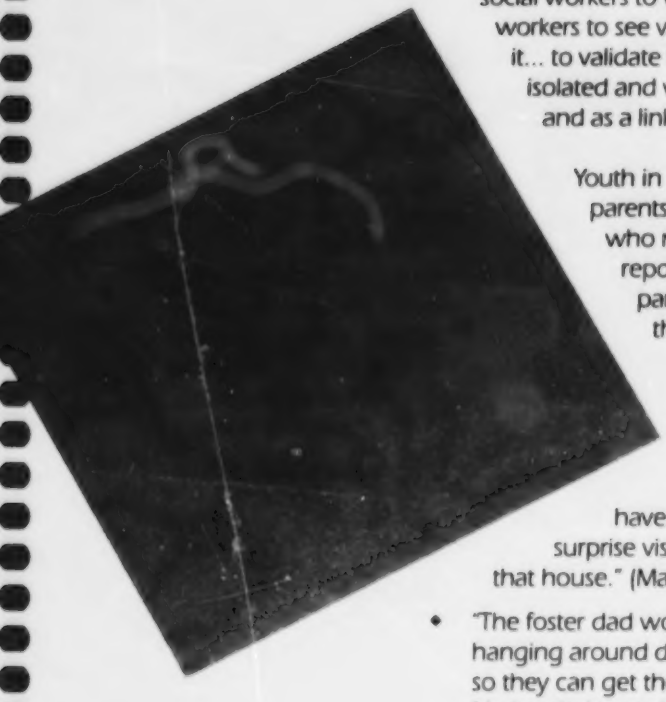

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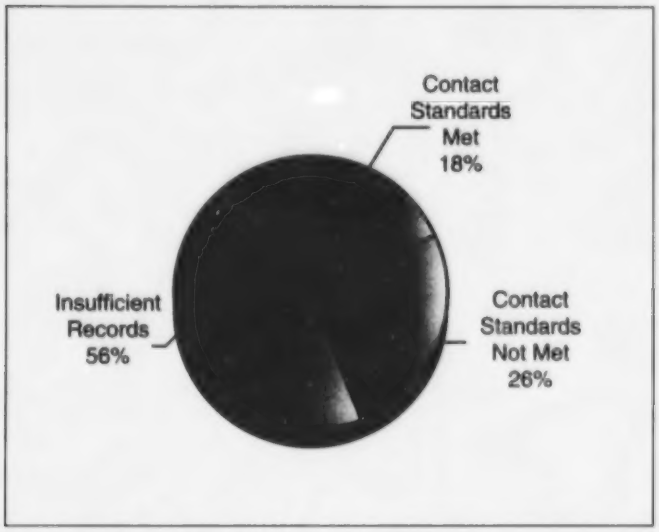
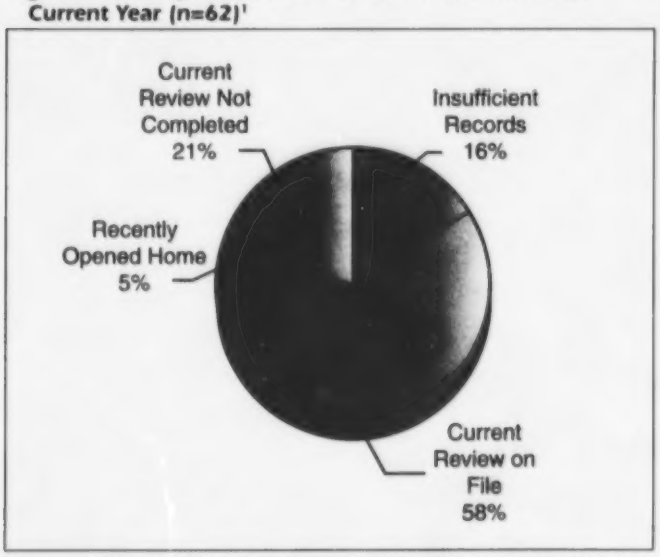
Figure 9. Compliance with DSS Worker Contact Standards with Foster Family (n=62)[1]



Note 1: 36 of the 98 children whose files were reviewed lived in resources other than foster homes, such as Room and Board, Group Home, PSI/Alternate Caregiver.

Source: File Review Data, *Children and Youth in Care Review*, 2000.

Figure 10. Completion of Annual Foster Home Review, Current Year (n=62)[1]



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Source: File Review Data, *Children and Youth in Care Review*, 2000.

From the File Review

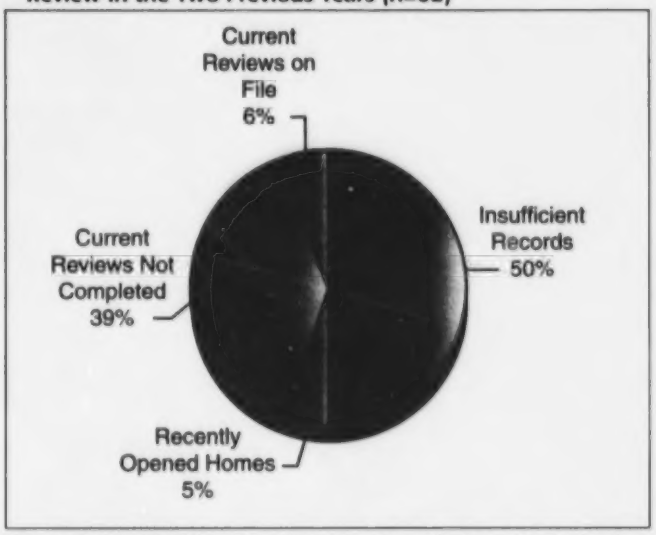
DSS contact standards require that foster families must be seen a minimum of once every six months by the caseworker responsible for the resource. (CSPPM)

Compliance with this standard was reviewed in relation to the current foster family placement (Figure 9). Contact compliance with policy was definitely made with 18 percent of the foster families. There were insufficient records to determine if the standard was met with 56 percent of the foster families. The standards had definitely not been met in 26 percent of the foster families.

Annual evaluations of foster homes are also required by policy: "An annual written review of each foster home shall be completed using a standard format. The review shall be signed by the foster parent and a copy provided to the foster parent." (CSPPM)

Annual reviews of foster homes were looked at in two different ways. First, it was determined whether annual reviews had been carried out within the last year (Figure 10). Annual reviews that were done during the year preceding June 1999 were considered current. Fifty-eight percent of foster homes had current reviews on file. Three homes had just been approved within the last year, so reviews were not yet due. Homes that provide Alternate, PSI, or Room and Board placements seem to be exempt from the standard; no annual reviews were performed for these, and they are not included in the calculations.

Figure 11. Completion of Annual Foster Home Review in the Two Previous Years (n=62)[1]



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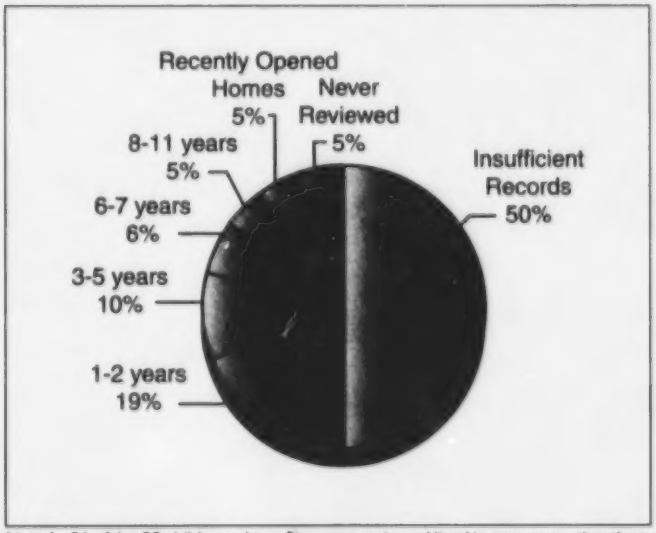
Source: File Review Data, *Children and Youth in Care Review*, 2000.

Figure 12. Years Between Completion of Annual Foster Home Reviews (n=62)[1]



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Secondly, it was determined if reviews had recently been performed on an annual basis, that is, had a review been done within the last year, and also the previous year? (Figure 11) In just six percent of the foster homes, an annual review had been completed in each of the two years examined. Thirty-nine percent (39%) had not been reviewed annually. Records for 50 percent of the foster homes did not provide sufficient information to determine if annual reviews had been performed in each of the last two years. Five percent of the foster homes were opened recently so reviews have not yet been required.

Finally, the files for each home were examined to determine how frequently reviews have occurred since they became foster homes (Figure 12). Only one-half of the files contained sufficient information to determine the length of time between foster home reviews. These files showed that foster home reviews are rarely performed on an annual basis. Nineteen percent of foster homes had one to two year gaps between reviews, ten percent had gaps of three to five years, six percent had gaps of six to seven years, and five percent had not been reviewed for periods of eight to 11 years. In fact, three homes had never been reviewed, although they had been approved as foster homes more than ten years ago.

From the Literature

Recruitment of foster families is a problem reported across North America.

"In order to recruit a sufficient number and diversity of homes, a recruitment strategy must be developed. To be effective, the strategy must be based on the physical, mental, emotional, cultural, socio-economic and spiritual needs of children and youth. With a clear picture of the whole child, the strategy can then be targeted to those foster parents who are most likely to meet the needs of those children and youth who are currently under-served by the system." (Task Force on Safeguards for Children and Youth in Foster Care, 1997)

"The professionalization of foster parenting is the latest trend in the evolution of family foster care. As more women enter the paid labour force, child-placing agencies are facing new difficulties in recruiting sufficient numbers of families willing to volunteer to become foster parents (Kahn & Kammerman 1990; U.S. General Accounting Office 1989). The shortage is especially acute in central-city neighbourhoods where the loss of a stable employment base and the declining presence of two-parent families have sharply reduced the supply of adults who can afford to care voluntarily for foster children at the prevailing boarding rates offered by public and private agencies (Chamberlain et al. 1992)." (Testa & Rolock, 1999)

Recommendation 3.1

That kinship or extended family care arrangements be considered for every child who comes into care. DSS workers must be provided the support and resources to actualize these arrangements.

Recommendation 3.2

That policies regarding Persons of Sufficient Interest (PSI) and Alternate Caregivers be reviewed to ensure that these placements are supported in a fair and consistent manner throughout the province. The policy must include direction regarding PSI/Alternate Caregiver fees. Special needs funding for PSI/Alternate Caregivers must be provided at an equivalent rate to that provided to foster parents. There is also a need to clarify how the Child Tax Benefit/Child Tax Credit is allocated when a child is in care with a PSI or Alternate Caregiver.

Recommendation 3.3

That more First Nations and Metis Nation foster families be recruited and trained, preferably by persons of Aboriginal ancestry.

Recommendation 3.4

That the DSS develop a strategy for a continuous foster home recruitment and screening program.

M121

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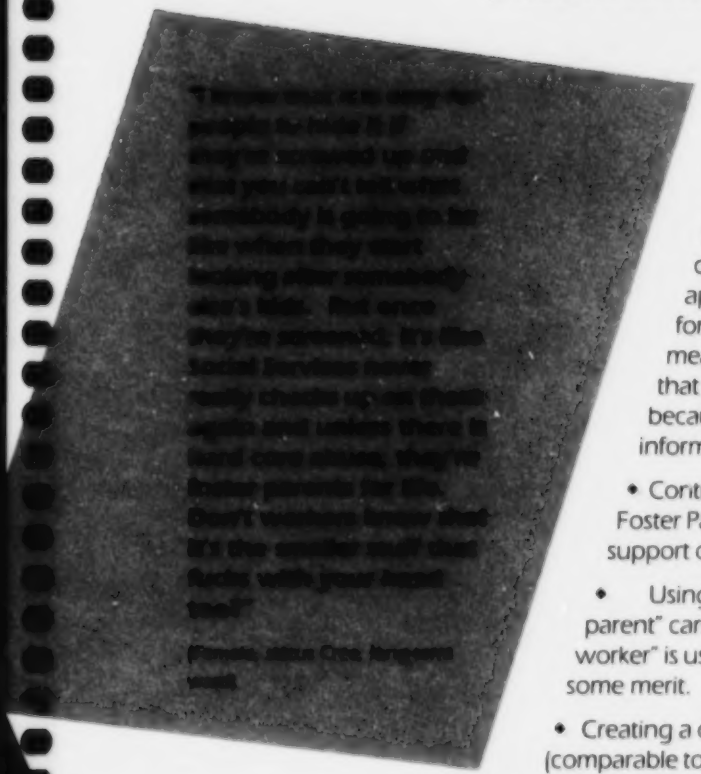
Consider . . .

- Ensuring that workers, especially those with strong Aboriginal connections, have time available for extensive exploration of family networks.
- Expanding the Family Connections program to address front-end services.
- Establishing good cooperation with FNCFS agencies in order to extend the search for strong family members to the reserves.
- Ensuring that children and youth are asked for their input as to who they wish to be involved.
- Having the DSS in conjunction with the Saskatchewan Foster Families Association, First Nations and Metis Nations review the foster home screening process to ensure cultural appropriateness.



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- Contracting First Nations and Metis Nation agencies to do recruitment.
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- Contracting with non-government agencies, such as the Foster Parents Association, to do recruitment, training and support of foster parents.
- Using the term "alternate caregiver", as the term "foster parent" carries many negative connotations. "Family support worker" is used by many First Nations agencies; "co-parent" also has some merit.
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"I know that it is easy for people to hide it if they're screwed up and that you can't tell what somebody is going to be like when they start looking after somebody else's kids. But once they're screened, it's like Social Services never really checks up on them again and unless there is hard core abuse, they're foster parents for life. Don't workers know that it's the smaller stuff that fucks with your head too?"

(Female, status Cree, long-term ward)

Compensation

At meetings held with foster parents, DSS workers, and with most other groups, the Review Team heard that foster parents are underpaid. It was suggested that improvement in rates would quickly result in an increase in quantity and quality of homes. Financial compensation is an element in recruiting sufficient foster homes.

The Review Team asked many foster parents why they became foster parents and what the rewards were for their family in being foster parents. Most responded that they loved children and they did it for the children. Others expressed a need to be helpful and to fulfil a need within their community. Many also indicated that they saw fostering as a career choice and therefore compensation was a factor. Most foster parents said that they would like to see fostering gain the status of a profession with all that entails, including recognized skills, knowledge, better training, better pay and recognition. A major impediment to this seems to be the widely held belief that foster parents should be volunteers with no desire for money, recognition or collegiality with the helping professions.

"In the north the cost of living is so high $270/320 doesn't even cover the costs of caring for the child."

(Parent)

The Review Team heard that poor compensation discourages people with special skills from becoming foster parents. Policies may inhibit some foster parents from gaining additional skills. Specifically criticized was the policy of subtracting the skill fee when fee for service was calculated. "You get a skill fee of $100 per child after completing extra training, but if the child has special needs and you get a special rate, then the skill fee is deducted. What's the logic here?"

Many foster parents suggested that the DSS policies regarding compensation affects trust between foster parents and the DSS. An issue repeatedly identified was that the DSS will not pay for both the first and last day of a child's placement. Another policy considered to be arbitrary is the reduction in maintenance rates for children older than one year. Participants stressed that such policies do not reflect real child-rearing costs. Many concerns were also expressed about the inadequacy of special rates and some expenses like respite, mileage, and recreation.

In addition, frustration arose due to the inconsistency in application of rates from region to region and from worker to worker. Most foster parents would like to have an opportunity to contest some of the decisions about fees awarded or rejected. They suggested that more formal methods of applying for specific types of fees, including recording and notifying foster parents of decisions, would assist in ensuring that decisions are made in fair and consistent ways.

What They Said

- "For foster parents who depend on payment for their livelihood, they must take five or six kids to make a living. Paying foster parents better would likely help lower the number of children in the home." (DSS worker)

- "Why is there such a big difference between what home operators get paid to care for seniors and what foster parents get paid to care for children?" (Community social worker)
- "It is not realistic to think of fostering as a volunteer position anymore. We must move to professional parenting. Social Services recruitment is still driven by the notion that it is middle class women who volunteer." (DSS worker)
- "The worry seems to be that money shouldn't be a motive for fostering. All the caring professions work for money... social workers care for money ... and that is seen as OK." (Foster parent)
- "They won't pay for both the first day of placement and the last day of placement... they say it fouls up their computer... but is that a reason to be unfair?" (Foster parent)
- "There should be a special place on the file where requests from foster parents are recorded and the outcome explained. Also there should be a request form that the foster parent fills out and it comes back to them how the request has been dealt with." (Foster parent)
- "In 12 years I've never claimed any expenses, it's too much trouble." (Foster parent)
- "Special rates should be based on the needs of the child, not on the activities of the specific home. Fee for service should travel with the child when moved." (Foster parent)

"High turnover of foster parents indicates that we should suspect the quality of care to the children. Better pay and support to foster parents would produce stability which would be the better criteria of good services."

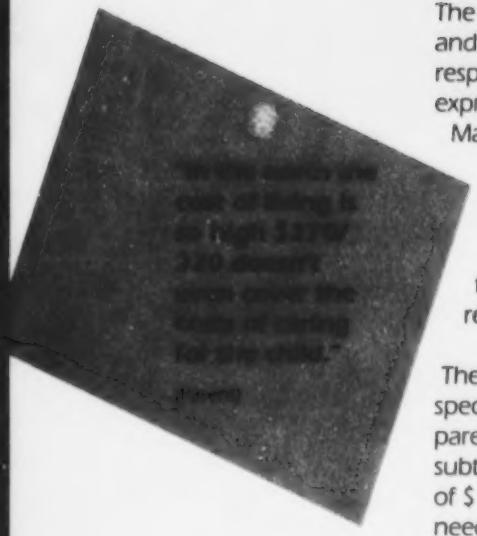
(Foster parent)

Recommendation 3.5

That compensation rates for foster parents be reviewed in relation to rates of pay for other in-home care providers, such as Community Home Operators, Approved Home Operators (with Mental Health) and Personal Care Home Providers (Long-Term Health Care) that are funded by the provincial government. Foster parents should be paid at an equivalent level to other out-of-home care providers.

Compensation

At meetings held with foster parents, DSS workers, and with most other groups, the Review Team heard that foster parents are underpaid. It was suggested that improvement in rates would quickly result in an increase in quantity and quality of homes. Financial compensation is an element in recruiting sufficient foster homes.



The Review Team asked many foster parents why they became foster parents and what the rewards were for their family in being foster parents. Most responded that they loved children and they did it for the children. Others expressed a need to be helpful and to fulfil a need within their community. Many also indicated that they saw fostering as a career choice and therefore compensation was a factor. Most foster parents said that they would like to see fostering gain the status of a profession with all that entails, including recognized skills, knowledge, better training, better pay and recognition. A major impediment to this seems to be the widely held belief that foster parents should be volunteers with no desire for money, recognition or collegiality with the helping professions.

The Review Team heard that poor compensation discourages people with special skills from becoming foster parents. Policies may inhibit some foster parents from gaining additional skills. Specifically criticized was the policy of subtracting the skill fee when fee for service was calculated. "You get a skill fee of $100 per child after completing extra training, but if the child has special needs and you get a special rate, then the skill fee is deducted. What's the logic here?"

Many foster parents suggested that the DSS policies regarding compensation affects trust between foster parents and the DSS. An issue repeatedly identified was that the DSS will not pay for both the first and last day of a child's placement. Another policy considered to be arbitrary is the reduction in maintenance rates for children older than one year. Participants stressed that such policies do not reflect real child-rearing costs. Many concerns were also expressed about the inadequacy of special rates and some expenses like respite, mileage, and recreation.

In addition, frustration arose due to the inconsistency in application of rates from region to region and from worker to worker. Most foster parents would like to have an opportunity to contest some of the decisions about fees awarded or rejected. They suggested that more formal methods of applying for specific types of fees, including recording and notifying foster parents of decisions, would assist in ensuring that decisions are made in fair and consistent ways.

What They Said

- "For foster parents who depend on payment for their livelihood, they must take five or six kids to make a living. Paying foster parents better would likely help lower the number of children in the home." (DSS worker)

- "Why is there such a big difference between what home operators get paid to care for seniors and what foster parents get paid to care for children?" (Community social worker)
- "It is not realistic to think of fostering as a volunteer position anymore. We must move to professional parenting. Social Services recruitment is still driven by the notion that it is middle class women who volunteer." (DSS worker)
- "The worry seems to be that money shouldn't be a motive for fostering. All the caring professions work for money... social workers care for money ... and that is seen as OK." (Foster parent)
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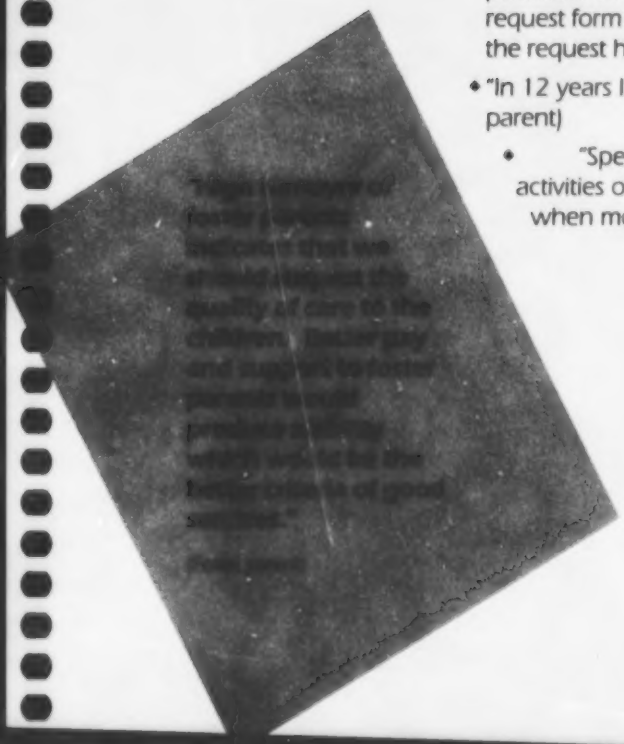

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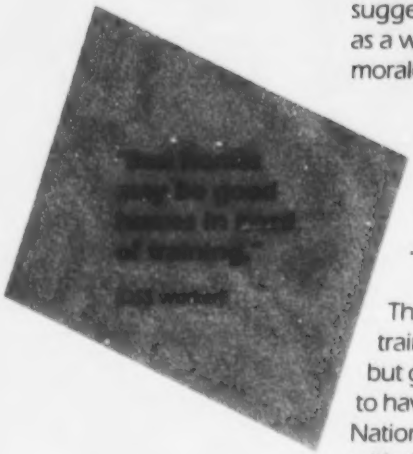
Training and Support

Training

The Review Team heard that foster parent training needed much more attention. Many people indicated that poor foster homes often could just be good homes in need of training. Various types of training programs for foster parents were suggested. Joint training sessions for foster parents and workers were encouraged as a way to help develop a team feeling, create shared language and build morale.



The need for training was often linked to the suggestion that fostering should become a profession. One participant told the Review Team that education and training is the first step in establishing a profession. "Identify the body of knowledge and catalogue of skills needed to be a foster parent – educate and train accordingly."

The most critical area identified for increased training was the need for cultural training. Placing Aboriginal children in Aboriginal homes is definitely preferred, but given the lack of resources, at minimum, all foster parents should be required to have a basic level of knowledge and understanding of First Nations and Metis Nation cultures. Training in this area needs to focused on providing foster parents with the skills to assist the children in their homes to maintain family and cultural connections.

As noted in the section on training for DSS staff, foster parents also need training to meet the needs of children with special needs. Specific areas of concern include the need for updated information on FAE/FAS, ADHD, HIV, attachment disorders, CPR, and sexual abuse.

What They Said

- "Many children are taken into care at a young age, placed with non-Native foster families, in long-term care. When they get to be 12-15 years old they start to wonder about their heritage, their roots, and act out." (Urban Aboriginal worker)

- "Increased pressures on workers has created added pressures on foster parents. Too much has become the foster parents' responsibility, because workers are just not present. These additional pressures have created a need for training and increased levels and types of supports for foster families." (Foster parent)

From the File Review

All foster parents must participate in a standard training program within specified time periods. The three levels of training that foster parents are required to take include orientation, pre-service and practitioner training. Pre-service and practitioner level training is provided jointly by a caseworker and an experienced foster parent.

In 85 percent of the files reviewed, where the out-of-home resource was a foster family, orientation training had been taken. In two percent of files where the out of home resource was a foster family, the foster parents had not taken orientation training, and in the remaining 13 percent, whether or not the training was taken could not be determined from the files.

In 83 percent of the files reviewed, the foster parents had taken pre-service training; two percent of the foster parents had not. Whether the other 15 percent of the foster parents have taken pre-service training was not able to be determined from the files.

Thirty percent of foster parents had taken practitioner training within two years following pre-service training, while another 40 percent had taken practitioner training, within what time period could not be determined. Four percent took partial training and a further 11 percent had not taken any practitioner training. It could not be determined from the records whether the remaining 15 percent had taken practitioner training.

Special Training

The files show that at least 20 percent of the foster families have taken some type of special training to enhance their skills and better meet the needs of the children in their care. This may include First Aid or other medical training, behaviour management of children with Fetal Alcohol Syndrome/or Effects(FAS/FAE) or Attention Deficit Hyperactive Disorder (ADHD), training to provide therapeutic care, etc.

Respite

The Review Team heard from foster parents about the need for support and respite. Foster parents generally want greater and more timely access to workers, especially when they work with children who are hard to manage or have special needs. Respite is a problem when foster parents are working with special needs children. Skilled respite help or babysitters are either not available or available at a cost above the DSS compensation rates.

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"Bad homes may be good homes in need of training."

(DSS worker)

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Training Requirements

Orientation Training
All individuals interested in fostering must attend an orientation session. Content is a three-hour overview of fostering.

Pre-service Training
Applicants must participate in six modules (24 hours) of pre-service training. The homestudy is completed during the pre-service training. Applicants who complete the pre-service training are classified at the intern level.

Practitioner Training
Foster parents at the intern level must complete 10 modules (40 hours) of practitioner level training within two years following pre-service training in order to be classified as practitioners. (CSPPM)

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"The increase in kids diagnosed with special needs requires better trained foster parents."
(DSS worker)

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Review participants felt that foster care rates for respite should be similar to other human service areas such as care for the aged. The reimbursement for babysitting brought the greatest expression of anger by foster parents. Most foster parents either top up the $2.00/hour allowed, or find ways to do without hiring babysitters. Foster parents felt that babysitting rates should reflect the community standard and should make provisions for children with special needs.

"If people knew there was more support available they would be more willing to foster and those fostering would be more willing to take difficult kids."

(Foster parent)

What They Said

- "More workers would mean more worker time for support to foster parents." (DSS worker)
- "Payment is the largest problem in recruiting respite." (DSS worker)
- "You can't leave a 16 year-old who can't be left by himself with the 13 year-old babysitter from down the street." (Foster parent)
- "You can't find babysitting for $2.00 an hour anywhere. You end up subsidizing the rate or not going out without the kids." (Foster parent)
- "A person providing respite gets full per diem for the first 10 days but $20 per day thereafter. Foster parents use their own money to top up the rate and secure good respite." (Foster parent)

Recommendation 3.6

That all foster parents participate in the required training before children are placed in their home.

Recommendation 3.7

That continuous and reasonable financial support, including babysitting and respite, be provided to all foster families.

Consider . . .

- Inserting extensive material on First Nations and Metis Nation history in all modules of foster parent training.
- Having foster parents complete a three-day cultural camp on a First Nations Reserve.
- Having First Nations and Metis Nation trainers deliver large portions of foster parents training modules, including cultural and non-cultural components.
- Ensuring that every foster family, upon placement of an Aboriginal child in their home, have a tailor-made cultural awareness program that includes a plan for maintaining family and cultural connections for the foster child.
- Including specialized training on such topics as FAE/FAS, ADHD, HIV, attachment disorders, CPR, and sexual abuse in foster parent training modules.
- Reviewing respite and babysitting rates available to foster families.
- Developing a respite recruitment and training program in areas where numbers warrant the need for increased support.

Allegations of Abuse

The Review Team talked to several foster parents who had children die in their home and several others who had to deal with or were still dealing with charges of abuse in their home. For each of these families, and for the Saskatchewan Foster Families Association, the behaviour of the DSS staff when these incidents occur is of concern. There were numerous complaints about how the abuse protocol was applied from foster parents and workers.

Additionally, many youth identified that the problem with the protocol is that there is not sufficient response from workers at the time problems are first identified. Problems are allowed to fester until they grow to crisis proportions and then "workers freak-out."

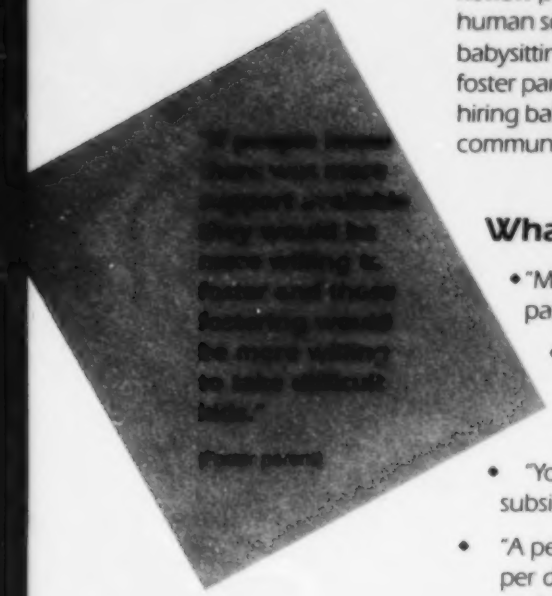
What They Said

- "When allegations of abuse are made against the home, DSS support leaves. The partnership they talked about in training is over. You're on your own." (Foster parent)
- "If my worker doesn't know me well enough to trust me (about an allegation) then how can she help me?" (Youth in care)
- "Lack of resources is not a reason for not investigating complaints by children and youth." (Youth in care)
- "When they were finished using us they were gone. They didn't even say thanks." (Foster parent)
- "If a child dies in the foster home all department support is immediately removed. The guilt, anger, grieving, need for closure are all ignored by the department." (Foster parent)
- "The time frame in dealing with allegations against you is frustrating. It can take months or even years. In the meantime you feel like a fugitive." (Foster parent)
- "If people knew the risks and the lack of support for taking the risks no one would ever foster." (Foster parent)
- "The workers feel frustrated in not being able to support foster parents more when they are accused of abuse. The protocol gets in the way of doing what they would otherwise feel it is their job to do." (DSS worker)
- "Good foster parents get the hard to manage children, burn out and become bad foster parents." (DSS worker)

"I had already told . . .

my worker a bunch of times that they would hit us. She didn't do anything about it. Six months later, I complained to her about it. I knew the person she shared an office with could hear me. Two days later, they moved all of us."

(Youth in care)



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(youth in care)

From the File Review

The DSS policy regarding allegations of abuse or neglect in foster care states that "All complaints concerning the abuse or neglect of children in care shall be investigated immediately. If the complaint includes information that an assault may have taken place, the matter shall be referred to the police for joint investigation." (CSPPM) Procedures to follow in such cases are also outlined.

A revised policy statement and procedures became effective April 1, 1999. However, the former policy was the one used in this file review in assessing appropriate protocol for allegations of abuse and neglect.

Records in the reviewed files show that allegations of neglect and abuse were made against 20 percent of the foster homes. Allegations range from poor supervision to sexual or physical abuse. Reactions to the allegations from the DSS ranged from following approved protocol in 46 percent of the cases, to no investigation in 15 percent of the cases. In the remaining 39 percent, the records were insufficient to determine how the allegations were handled.

Recommendation 3.8

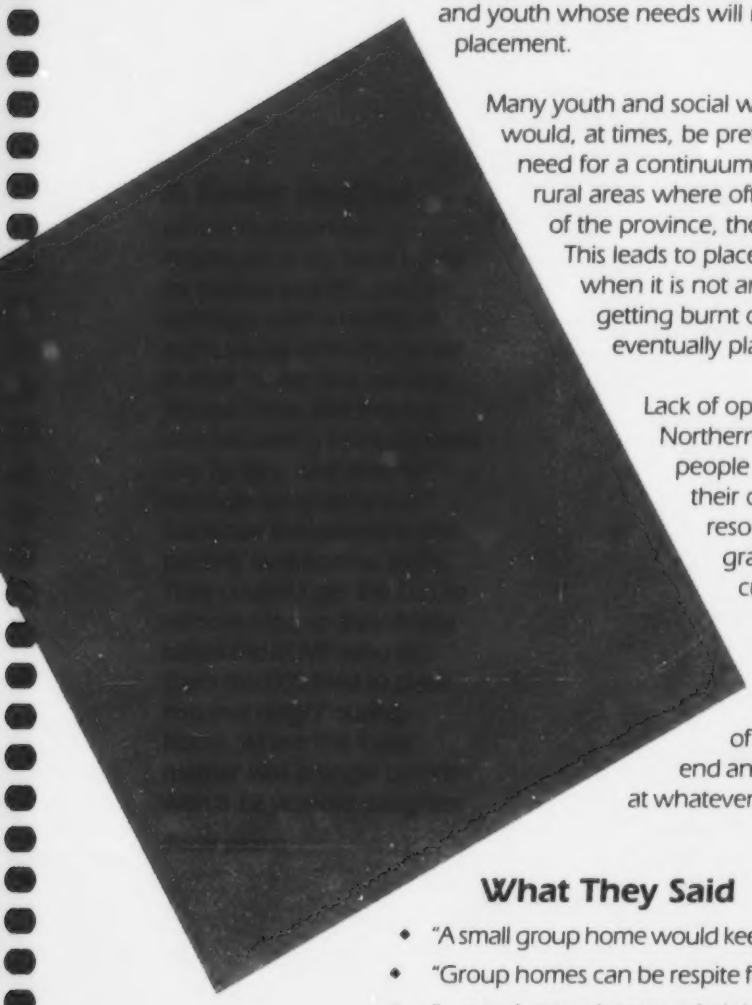
That the protocols used to review and investigate allegations of foster family abuse, the death of a child in a foster home and complaints from foster children be adhered to. Protocols must ensure that children are safe and listened to, while ensuring that children and youth, foster family members, natural family members, and DSS workers are treated fairly and supported with compassion.

Consider . . .

- Ensuring that department staff who have significant relationships with the foster family have avenues to continue some form of support.
- Ensuring that outside supports, counsellors, and foster parent association support workers are available in each case.
- Reviewing time frames to address any internal processes that inhibit quick resolution to allegations.
- Prioritizing all reports of abuse in foster care by children and youth.

Other Options

The Review Team heard that the DSS needs to look for other options for children and youth whose needs will not be best met in a traditional foster family placement.



Many youth and social workers reported that group homes for teens would, at times, be preferable to foster homes. Participants identified a need for a continuum of resources for care. This is especially true in the rural areas where often the only resource is foster care. In many parts of the province, there is a lack of emergency/stabilization resources. This leads to placement of children and youth in foster homes when it is not an appropriate resource. Foster families reported getting burnt out, resulting in children and youth being eventually placed outside of their community.

Lack of options causes additional problems in the north. Northern participants in the Review indicated that northern people generally prefer to have troubled youth remain in their communities. Lack of appropriate alternate resources in the north puts the burden on grandparents. Group homes were suggested as a culturally acceptable form of care.

A continuum of resources would help to ensure that matching of needs and resources occurs. As well, participants recognized that a continuum of care does not mean that a child has to start at one end and work along. A child should enter the continuum at whatever place it is appropriate for that child.

What They Said

- "A small group home would keep more teens in the community." (First Nations Elder)
- "Group homes can be respite for foster homes." (First Nations worker)
- "...need group homes administered or co-administered by Mental Health Services." (Mental Health worker)
- "Need group homes for children with high medical needs . It is unrealistic to expect individuals to care for them or to ship them out of the community." (Community social worker)
- "Kids get custody sentences so they can get group or institutional treatment in the YO system that is unavailable in the family services system." (Mental Health worker)
- "There is a double standard. When you are sentenced you get resources because the judge orders it. So kids and families have to wait until things get worse, until they are charged, before they get access to resources." (DSS worker)
- "Bad matching creates risks, e.g. sexually intrusive children in homes with children the same age or younger." (DSS worker)

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A foster mother . . . whose husband was employed away from home for several months, had a teenager with a history of eight sexual offences placed in their home. She told the Review Team that this boy was becoming more agitated day by day. She and her teenage daughter would barricade themselves in the parents' bedroom at night. They couldn't get the DSS to remove him, so they finally called the RCMP who did. Then the DSS tried to place him in a neighbouring home, where the foster mother was a single parent with a 12 year-old daughter.

(Foster parent)

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"I am still unconvinced . . .

that foster parents are assessed well... For example, one of the things that always puzzled us when we were workers was why the solid, stable and very sound looking families often not only don't make good foster parents, but actually start to come apart when foster children (older ones) are introduced to the family system. I believe that the circumplex model of family functioning has some useful things to say about this. I believe that the central issue with foster families is the nature of their boundaries. Strong, stable families appear often that way because they have very strong (perhaps rigid) boundaries. This means that it is hard to get into the family, but once in, it is equally hard to get out. Good foster parents (especially of older children) need to have very flexible boundaries that allow people both in and out of the family. In the case of adolescents, they may need to have one foot in and one foot out. Not many families can tolerate that. I believe that families who can tolerate that are quite rare, but with training and support, many can deal with those dilemmas. Adolescents are probably better off in staffed group homes if those kinds of foster parents cannot be developed and sustained." (Former foster parent and social worker)

- "Ranch Ehrlo is currently used only after all other community resources have been tried and have failed. This is a wrong approach. There should be a system of testing and deciding on the appropriate resource at a very early stage of the intervention. If this were done, institutional resources would more often be tried early and would have a stronger early impact on shortening the length of time children and youth are in care." (Community social worker)
- "I've had one set of parents that didn't work out and I'm not ready to try again." (Youth in care)

From the Literature

"It... may be the case that... Native children... are not in foster homes but are caught in the young offenders system. In this respect, the young offender's facilities may serve as an out-of-home placement for those who have already gone through foster homes. If young offender facilities disproportionately hold Native youth, then this may partly account for why there are relatively few older Native children entering foster care." (Rosenbluth, 1994)

A Model That Works

"Kids have to burn out several foster homes before they're considered for the therapeutic program."

(Mental Health worker)

The Review Team heard a great deal of praise for the therapeutic homes model. The Therapeutic Care Program was designed to provide care for children with special behavioural needs, requiring special skills on the part of the caregiver(s). There are significant differences between the Therapeutic Care Program and the practitioner program, both in policy and in practice. The major differences that are regarded as positive for all parties include:

- Great care is taken to match the child with an appropriate home.
- The Therapeutic Foster Parents are well-informed about the child.
- Intensive planning for education needs, including availability of high-cost school funding.
- Emphasis on case planning that results in an Individual Treatment Plan for each child, prepared by a Planning Team, reviewed in writing every three months; long-term planning is also emphasized.

- There are standards for ethical treatment and children's rights are listed.
- Workers must spend at least ten percent of their time on recruitment of homes.
- Enhanced training and support for Therapeutic Foster Parents.
- Intensive Therapist Worker support through greatly decreased workloads (one per eight therapeutic homes), 24-hour support, and frequent contact requirements.
- Therapeutic homes are limited to one or two children per home.
- Respite of up to 30 days is available to the caregivers.
- Payment rates are substantially higher.

"Therapeutic homes are safer than regular homes because the numbers are lower, the matches better and foster parents better prepared and supported."

(DSS worker)

There was general consensus that "there is no real difference between the needs of kids in the regular homes and the therapeutic homes, or between therapeutic practitioners and intern homes in the need for support and training."

Outside of some concern about the limit of one year on the length of stay for children in a therapeutic home (which does not seem to be followed in practice) and difficulties in attaining and paying for respite, the model is seen as near to the ideal.

What They Said

- "Therapeutic homes work because of the teamwork between the workers and foster parents." (DSS worker)
- "Peer support is one important key to their success. Many therapeutic home operators call other operators before calling the worker." (Foster parent)
- "In most cases the therapeutic home's support worker returns your call within five minutes." (Foster parent)
- "It would be interesting to see an analysis of costs associated with the Therapeutic Program. I would bet that if this model were used (for all foster care), it would cut costs in other ways." (DSS manager)
- "Most kids should be classified as Therapeutic. As it is, a kid has to fail in all the other levels of homes to be classed as Therapeutic." (Youth in care)

Recommendation 3.9

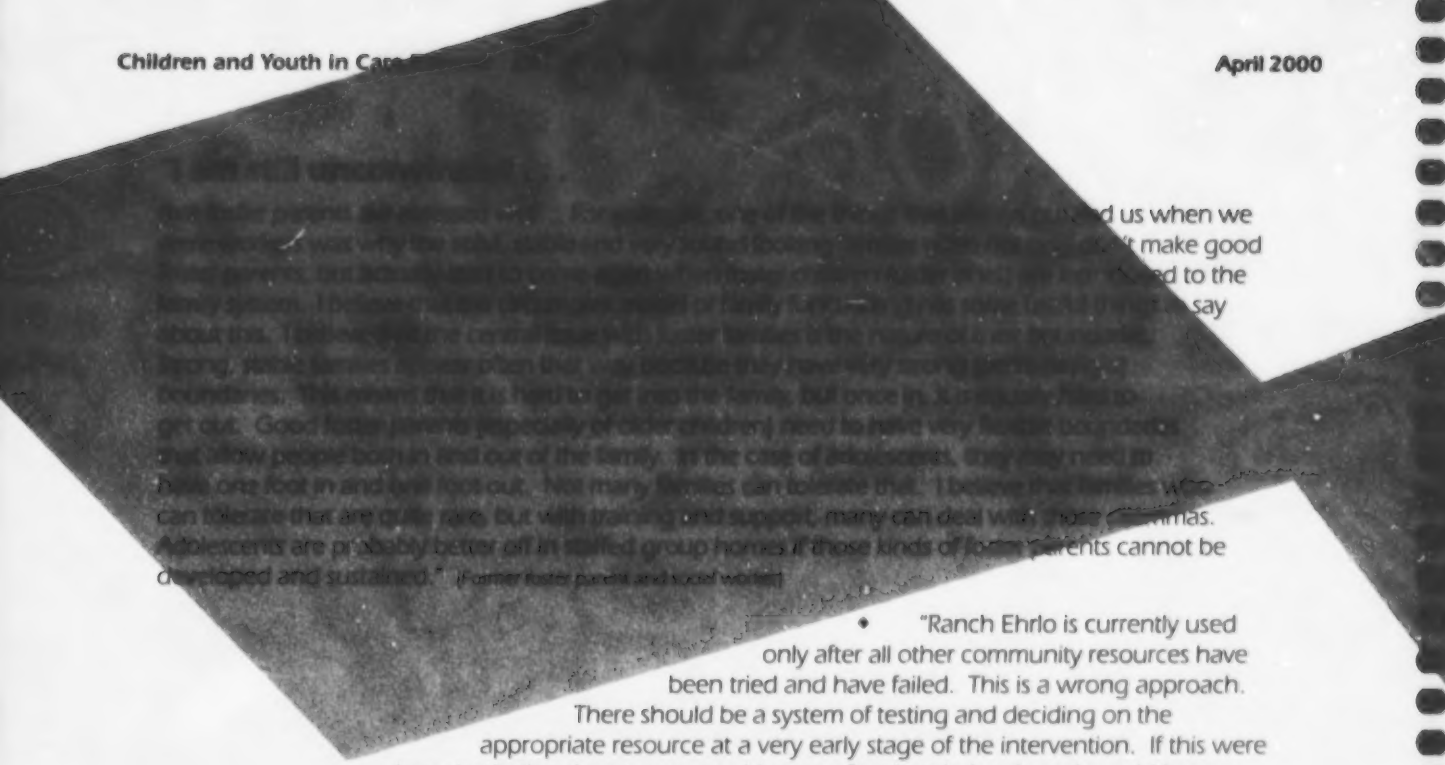
That more resources such as small, local group homes be developed throughout the province, particularly in northern or more remote communities.

Recommendation 3.10

That the model used in the Therapeutic Foster Home Program be extended to all foster homes, particularly with regards to training, support, and respite services.

Consider . . .

- Developing more Health or joint Health and DSS operated group homes that could address the special needs of youth and children. As an example, programs could address the special needs of sexually offending youth or children and youth with extreme mental health needs.



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- "Ranch Ehrlo is currently used only after all other community resources have been tried and have failed. This is a wrong approach. There should be a system of testing and deciding on the appropriate resource at a very early stage of the intervention. If this were done, institutional resources would more often be tried early and would have a stronger early impact on shortening the length of time children and youth are in care." (Community social worker)
- "I've had one set of parents that didn't work out and I'm not ready to try again." (Youth in care)

From the Literature

"It...may be the case that...Native children...are not in foster homes but are caught in the young offenders system. In this respect, the young offender's facilities may serve as an out-of-home placement for those who have already gone through foster homes. If young offender facilities disproportionately hold Native youth, then this may partly account for why there are relatively few older Native children entering foster care." (Rosenbluth, 1994)

A Model That Works

"Kids have to burn out several foster homes before they're considered for the therapeutic program."

The Review Team heard a great deal of praise for the therapeutic homes model. The Therapeutic Care Program was designed to provide care for children with special behavioural needs, requiring special skills on the part of the caregiver(s). There are significant differences between the Therapeutic Care Program and the practitioner program, both in policy and in practice. The major differences that are regarded as positive for all parties include:

- Great care is taken to match the child with an appropriate home.
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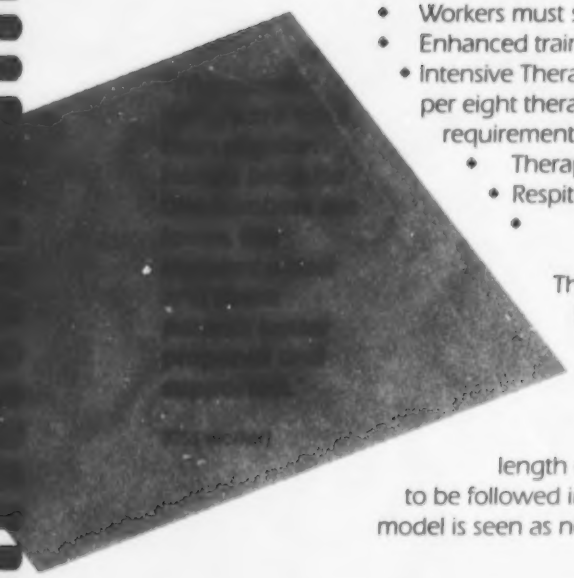

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Part VI Formal Procedures In & Out of Court

It is not easy for the government to direct a family to act in a certain way towards their children. Some people believe that the government interferes too much with family decision making and child rearing. Some people believe that they do not act quickly enough to protect children when a family is abusive or neglectful.

"Don't they realize that everything bad that happens to kids has to get undone later?"

(Youth formerly in care)

There is a need to find ways, outside of the court if possible, to resolve family problems. There was agreement that children should not be left "in limbo" while courts or others make decisions about children who are continuing to grow and develop while a dispute is ongoing. Suggestions are made in this section that are intended to include family and community members in planning and decision making. In addition, there is a need to make decisions in a timely manner when a particular matter cannot be resolved. It is of great concern to me that children are living for months or sometimes years with no long-term plan for their future. This must be very difficult for everyone, especially the child who is often confused by the whole process.

RECOMMENDATION 4

That formal decisions about children in care and their families are timely and that fair procedures are in place for all people involved, including the children, their parents, the foster parents and the DSS staff.

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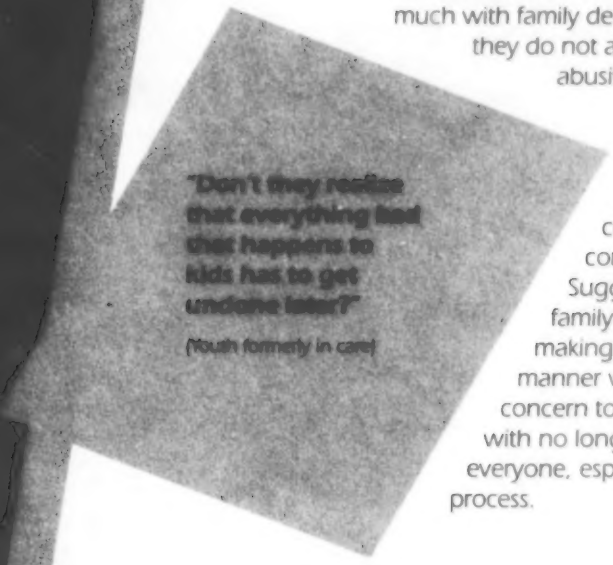

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Family Services Panels

Increased participation by the community in the DSS decision-making process was seen as beneficial by most people consulted. The Review Team heard that Family Review Panels, with community representatives on them, should be set up. Families of origin and children and youth want to have a say in what happens to them and they want a review of administrative decisions if there is a disagreement with the DSS.

What They Said

- "There doesn't seem to be any due process or appeal process in the whole system. People are not held accountable. There needs to be a provincial protocol on goals and constraints in working with youth. Everything needs to be scrutinized in the light of these goals and objectives. All the vulnerability exists on one side. Change is not possible until this happens." (Health worker).
- "Management should be offering opportunities for clients to be teachers to the service providers. Workers get enough professional training, but need some emotional training." (Community social worker)

From the Literature

The Child and Family Services Act (1989) provides for the establishment of Family Review Panels. This section of the Act was proclaimed; however, the Panels have not been established:

"40(1) The minister may, by order, establish, for any region or locality, a family review panel consisting of members appointed by the minister from among those persons who, in the opinion of the minister, are representative of community parenting standards.

(2)...a family review panel shall review child apprehensions ..."

The Act also has a provision for the establishment of a Family Services Board:

"43 (1) The minister may, by order, establish a Family Services Board.

(2) The board shall consist of members appointed by the minister from among those persons who, in the opinion of the minister, are interested and knowledgeable in the programs and services administered or provided pursuant to this Act.

3) Any person who is aggrieved by a decision of:

a) the director; or

b) any person acting on behalf of the minister or director;

pursuant to this or the regulations may request that the decision be reviewed by the minister or, with the approval of the minister, by the board."

"Consideration needs to be given to limiting somewhat the role of the courts in child welfare matters while ensuring that due process is followed. Through greater reliance on the experiences of people (lay and professional) in closest contact with the child and the family, fuller attention needs to be given to the personal and inter-personal implications of decisions relating to children..." (Anglin, 1999)

"Residents of northern communities feel that their voices are not heard; that they have little or no control of the government policies and programs that impact their lives on a daily basis. In some cases, inappropriate government policy affects them in ways that distort their values and morals. In other situations, government policies and regulations put barriers in the way of community progress. Current government policies are not working... Community-based mechanisms should be established to provide direction to government on the delivery of services i.e. Family Review Panel and local Welfare Boards." (New North and Saskatchewan Social Services, 1998)

"Local Child Care Committees on the reserve, or in communities with First Nations people off the reserve, should be the mainspring for the operation of child and family services within their area. The lively functioning of Local Child Care Committees is very important to the implementation of our new case work model...Local Child Care Committees must become the local community in action on matters of the care and nurture of children." (The First Nations Child and Family Task Force, 1993).

"My model divides provinces into regions, assigns policy, planning, and funds to regional bodies, and direct service delivery to community agencies. Community agencies would be governed by boards made up of elected and appointed citizens while the regional boards would include community agency representatives from other regional authorities (such as health and education) and municipal government. The model would allow citizens to participate in and become knowledgeable about the private world of child welfare. We have built structures that effectively deny anyone the opportunity to learn about the complicated mix of private troubles and public issues that confound child welfare. The model would also develop a constituency to argue for child welfare resources." (Child Welfare League of Canada, 1997)

Recommendation 4.1

That the Minister of Social Services provide community and family members with opportunities outside of the judicial system to formally influence care plans for children and to participate in a review of administrative decisions that affect children in care and their families.

Recommendation 4.2

That the Family Review Panels and Family Services Board be established, either as currently defined in *The Child and Family Services Act* or through an amendment that defines responsibilities more broadly. These Review Panels should include community members in the review of care plans for children and families and provide an independent, community-based appeal procedure for children and others who have concerns about administrative decisions made by the Department of Social Services (DSS).

Consider . . .

- Establishing a pilot project in the use of Family Review Panels to review the case plans to bring children into care and review plans to strengthen families whose children are in care.
- Establishing First Nations and Metis Nation Family Review Panels in all areas that deal with large numbers of Aboriginal people. Panels could review plans for intervention in all families, and plans for children in care.
- Involving Elders in care planning and decision making.

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Mediate Solutions

The Review Team was told that court proceedings too often delay child care decisions and cause children to be in care longer then necessary. Delays in court mean that cases are heard long after the 30-day limit and children are often in care well beyond the 24-month limit. Workers and lawyers stated that it was not uncommon for six months to pass before any order was made by the court.

Options need to be found to alleviate the backlog within the courts. Several lawyers suggested that mediation could help resolve issues outside of the court and in a more timely way. Workers also wanted to see this process used often.

What They Said

- "We do not really use the courts, we use voluntary agreement usually with the parties; we are able to mediate with everyone. We try not to diminish that contact with the natural family; we do not want to jeopardize that working relationship." (FNCFSA manager).

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"There is a provision in the Act for mediation . . .

In my experience this is rarely used and no facilities have been created to utilize this part of the Act. I feel that this is incredibly important. If a parent can be part of a process which allows him or her to realize what the problem is and be allowed the power to come up with a solution, this provides an opportunity to really change the situation.

For example, children are taken away because of neglect as a result of alcohol abuse of a single parent. Under the current system, the child would be apprehended. The worker tells the parent they have an alcohol problem and directs them to go for treatment. If the parents resists, the worker applies to the court and gets an order with conditions that the parent must follow or risk not having the child returned.

The problem with this method is that I have heard over and over from the parents, 'Well, I did the treatment for the worker, now where is my child?' The whole understanding that the alcohol was a problem and how it became a factor in the removal of the child is lost. If mediation were used I believe the following results would be realized:

1. The power imbalance between the worker and the parent would be addressed.
2. Parents would be made part of a process which allows them to come to a realization of the problem themselves. The solutions found in this process, in this scenario, would likely be the same as those directed by the worker. The difference is the parent now has some ownership of the solution and a far better understanding of the problem. With this ownership the parent can now enjoy a sense of accomplishment at successfully completing treatment and not just feel that they had done as they were told.

I would encourage you to press the government to implement the provisions in the Act for mediation. It would be much more cost-effective and would have better results." (Lawyer)

- "There must be a way...to design the fostering program so that so much of the effort isn't put into preparing for court. There should be more decision-making and preparation geared towards keeping families together. When long-term care is going to be applied for, it takes so long to get to court, but meanwhile there is little effort put into visits and keeping the avenues open for returning the child. Parents fear the Department instead of seeing them as a helper. There has to be a different approach." (Urban support group)

From the Literature

"Many families respond to the authority and the intrusion of a child protection agency into their lives ... regardless of how appropriate and necessary that involvement may be... with a combination of anxiety and hostility that may make cooperation with the agency addressing the best interests of the child difficult, if not impossible ... The timely introduction of a skilled and neutral mediator, before polarization has become too intense, may have two beneficial effects: (a) it may allow some agreement that would otherwise have to be reached through a prolonged, bitter and expensive court battle; and (b) it may minimize the power struggle between agency and natural parents, enabling both to focus more clearly and work together productively on the needs of the child. Mediation in conflict around custody or access, or between a child's natural family and a Children's Aid Society, must be a voluntary process. In selected cases, mediation can greatly assist the court. Early consideration of mediation by judges may do much to pre-empt prolonged legal battles. Mediation should by no means be limited to court proceedings." (Sparrow Lake Alliance, 1996)

"Indigenous peoples have the right to have access to and prompt decisions through mutually acceptable and fair procedures for the resolution of conflicts and disputes with States, as well as to effective remedies for all infringements of their individual and collective rights. Such a decision shall take into consideration the customs, traditions, rules and legal systems of the indigenous people concerned." (UN Declaration on the Rights of Indigenous Peoples, 1994)

Recommendation 4.3

That the timely introduction of a skilled and neutral mediator, as provided for in *The Child and Family Services Act*, be considered more frequently. The mediator must be from outside the child protection system and be involved only when families and workers volunteer to participate in this process. The objective of such mediation is to help the child welfare officials, the parents and the child come to an agreement on a plan that is in the best interests of the child, while removing the power imbalance that frequently occurs between the child protection workers and families. The DSS worker and the mediator are not the same person when formal mediation is determined to be the most useful approach to resolving an issue.

Consider . . .

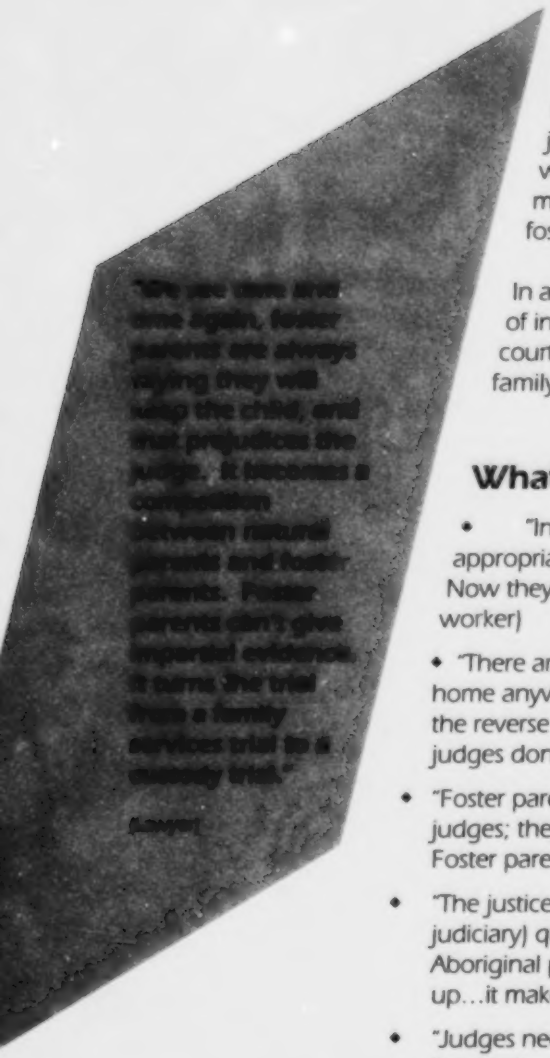
- Trying mediation in several locations across the province, as mediation is already an option written into *The Child and Family Services Act*.

When it Goes to Court

The Review Team heard that all concerned persons should be heard by the court. The Review Team was told that social workers and judges often ignore the views of children and youth in decision-making.

Some lawyers and most foster parents saw the need for foster parents to also have a stronger role before the court. Most lawyers, on the other hand, thought that the court too often compares the foster and natural parents, to the detriment of the latter. The remedy for this, they pointed out, is a better educated judiciary. As with other professionals working within the child welfare system, many felt that the judiciary needed to have mandatory training in First Nations and Metis Nation culture and foster care.

In addition, some of the lawyers were concerned about the conflict of interest when social workers are required to pursue an adversarial court decision while also promoting trust and rehabilitation with the family.



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What They Said

- "In Alberta, a child over 12 can be represented in court. It may be appropriate for older children. It may be worthwhile to experiment with. Now they tend to run if they feel they are not getting a voice." (DSS worker)
- "There are teenage children who do not want to go home who are sent home anyway by social workers. Their voices should be listened to. Also the reverse where children want to stay in contact with their parents but judges don't allow it." (Foster parent)
- "Foster parents should be included more in the plans, especially with judges; they often want to talk to foster parents, then need to reconvene. Foster parents should have a greater role in court." (Foster parent)
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- "Judges need to be educated that the social workers' word is not gospel." (Lawyer)
- "Most of them have never been in a foster home, group home or institution." (DSS worker)

- "The court is not equipped to deal with these types of cases. The judiciary has no training to deal with these types of problems and usually defer to the social worker as knowing what is best for the child or children in question. This puts a great deal of power in the hands of social workers. The relationship between the worker and the parent is more like that of policeman and accused. The relationship makes it near impossible for the worker to offer assistance to the family. The worker simply issues orders to the parents which must be followed." (Lawyer)
- "There's conflict of interest with social workers. They start out trying to do best for the child, but end up being evidence gatherers. Maybe they purposefully drag their feet so the natural family becomes excluded. Need to have a person doing each job. You can't help a person if you have to gather information against them. There needs to be a lot of independence between the two positions." (Lawyer)
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- "There should be show cause hearings... may solve a few problems, avoid apprehensions that should never have taken place. Sometimes parents just left children with a babysitter who took off. When kids are taken away, it makes the parents go downhill. We have a system for show cause, so why not do that for apprehensions, too? It may save a lot of problems... puts the parents on notice as well and may be remedial." (Lawyer)
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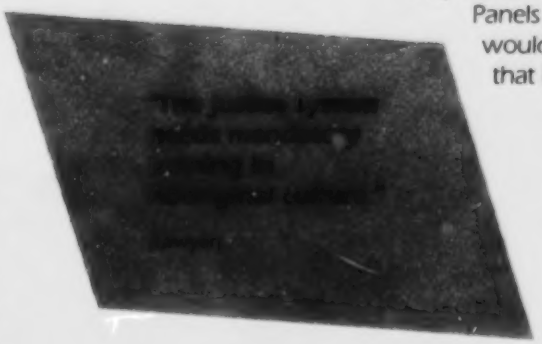

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(Lawyer)

From the Literature

"'Litigation Limbo' occurs when the court machinery fails to be sensitive to the child's time frame, either by allowing too much time to elapse before a decision is reached and/or by allowing legal proceedings to be so prolonged that the child is kept in limbo during that critical period in which a child must either develop a secure emotional attachment or be left with lifelong emotional and social effects." (Children in Limbo Task Force of the Sparrow Lake Alliance, 1996)

"Overbooked courts and frequent adjournments add up to lengthy judicial procedures which can be traumatic for a child who has been apprehended...Children and youth should be provided with accessible, single-entry, community-based legal advocacy services and (they) should participate in all court proceedings affecting them." (Gove, 1995)

"Ultimately, it is the family court judge who must make the final decision about whether to take a child into care, to allow visiting between biological parents and their child, to terminate parental rights, or to resume contact with biological parents who have not seen their child for an extended period of time. In view of the number of possible sources of contamination, error, and disagreement among various clinicians involved in the case, it is perhaps fortunate that the judge is a neutral outsider whose job is to make sense of the mass of conflicting evidence and to protect the rights of everyone involved. But most judges have had little or no training in child development and/or child and family pathology...Judges, too, of course, show considerable variation in intelligence, sensitivity, commitment, experience, and understanding of these matters. They are placed in a problematic situation by being expected to render judgments in areas in which they themselves are not expert...What is the danger of their favouring the evidence of an expert witness whose testimony is organized and glib, and sounds authoritative but is, in fact, (not)?" (Steinhauer, 1991)

"To best protect the children, independent child advocates are appointed by the court. These advocates not only represent the children, they also hear their problems and concerns, work with their families, and prepare them for the court proceedings. Because the parents' or child's own interests may be in conflict with the advocate's judgement, specially trained child advocates are required to play five major roles: that of (1) fact finder, (2) legal representative, (3) case monitor, (4) mediator, and (5) information and resource broker." (Leung, 1996)

Recommendation 4.4

That the DSS, in conjunction with the Department of Justice, review the time limits outlined in *The Child and Family Services Act*. Amendments to the Act and changes in practice should be considered to ensure that both the time taken in getting a case dealt with in the courts and the length of time a child can be in care without a permanent resolution are meaningful and can be adhered to.

Consider . . .

- Having First Nations and Metis Nation trainers deliver training to the judiciary. Cultural camps, meetings with Elders and visits to Family Services resources should be included in the training.
- Having a court worker whose role is to pursue court orders under the child protection legislation, while another worker pursues the case plan. The dual worker role of helping the family and pursuing a court order are seen by many to be in conflict, both in theory and in practice.
- Developing a parent advocate program for the court. Such an advocate would be available to the parent and the child and help relieve the imbalance of power within the court.
- Putting legislation into place that affirms that families and children are entitled to be informed of their rights and to participate in the decisions affecting those rights."
- Using pre-trial conference. Pre-trial conferences are a feature of Queens Bench Court hearings under *The Child and Family Services Act*.
- Including Legal Aid lawyers and Crown counsel in case reviews.

M121

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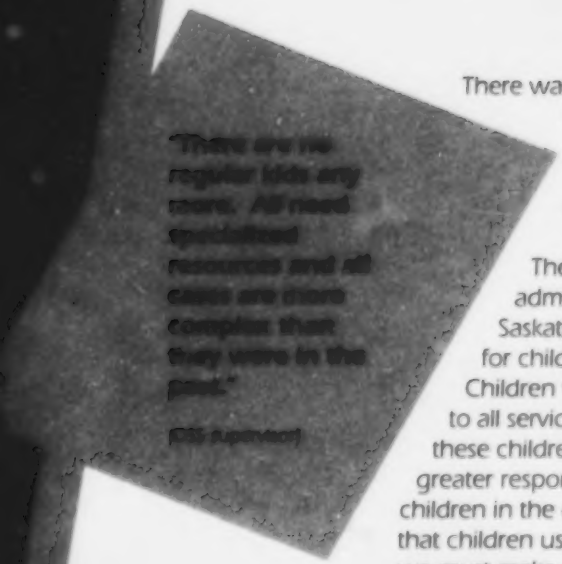
Part VII
Coordinating Services Between Departments & Agencies


"There are no regular kids any more. All need specialized resources and all cases are more complex than they were in the past."
FSS Approved

There was a common refrain from the participants in this Review that schools, mental health professionals, Social Services staff, First Nations agency staff, Metis Nation staff and Justice officials need to work together more. A "lack of a common vision" for children was a phrase I heard wherever I went.

There were some who recommended a common, central administration for children's services in Saskatchewan. Saskatchewan's Action Plan for Children articulates a common vision for children. This vision needs to be translated to frontline work. Children who are in foster care deserve at the very least the same access to all services as children who are not in care. I would argue that because these children are in care and not with their natural families, there is a greater responsibility to ensure that they receive a higher level of service. As children in the care of the state, they do not have the same level of advocacy that children usually have who live with their natural families. For that reason we must make an even greater effort to provide them with family connections, health care and education.

RECOMMENDATION 5

That all government departments and agencies that serve children and families make the needs of children who live in foster care or other out-of-home placements a priority. The supports needed to assist these children are not only the responsibility of the Minister of Social Services. All children, particularly those whose parent is essentially the government, deserve the same access to Health, Education, Justice and other government services as children who live with their natural families.

Part VII Coordinating Services Between Departments & Agencies

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(DSS supervisor)

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Assessing Special Needs

One of the concerns raised throughout the Review was that more emphasis needs to be placed on meeting the emotional and developmental needs of children and youth in care. Many individuals felt that the child welfare system has become a place to "warehouse" children rather than to support children to their full potential.

"We have 1990's assessment skills with a 1970's budget, so workers are able to assess children but resources are limited to meet their needs."

(DSS supervisor)

More attention must be placed on ensuring that departments are working together to meet the overall needs of children and youth. Saskatchewan's Action Plan for Children provides a multi-year strategy for working together within government and communities. This Action Plan recognizes that children and families need barrier-free access to services and supports. Service fragmentation and narrowly focused services utilizing competing dollars are no longer acceptable. While there is significant support for the Action Plan, barriers to working together continue across the service sector. Confidentiality or differing philosophies and perspectives are cited as example of barriers.

There was general agreement that there is a need for a coordinated approach to providing services for children with special needs.

In particular, the need for more training for everyone in the system was identified. Teachers, social workers, foster parents, lawyers and judges all need to understand how to work with children with special needs. Especially noted was the need for better understanding and more services for children and youth with Fetal Alcohol Syndrome (FAS).

There were many concerns about the specific shortage of homes that will take special needs children. The range of children with special needs includes children with medical needs, such as FAS. There was concern expressed about children in care who are served by the Community Living Division of the DSS. These children deserve the same level of care as all children in foster care.

What They Said

- "FAS and ADHD are growing problems that schools are not equipped to deal with." (Foster parent)
- "The school division has a waiting list for children who require special services... so they wait at home until the service becomes available." (DSS worker)
- "A special needs baby had to be put in a home that required certain CPR skills, but no such home was available. I didn't have any other choice but to put this baby with foster parents who didn't have this training; I let the Department know that I was appalled and ethically I was not comfortable with the whole idea, but we did it anyway. This home was overloaded as well, and there was no way this baby was going to get the attention that was required—we are putting that child at risk. The response was 'we review these overloads on an ongoing basis.'" (DSS worker)

- "There are services out there, but they don't cooperate. Kids are affected by the turf wars, of resources that are out there but that aren't working very well. Case management is time consuming, especially when you think of the kids who are in care with special needs." (DSS worker)
- "FAS children, the system is particularly hard on them. We need more carefully researched considerations of these children. All the parties, police, schools, DSS, community should work together to do what is best for children. What's best for the children is not taken into consideration." (Community social worker)

From the File Review

"Many children default to foster care because of holes in the safety net... insufficient educational and mental health services bring kids into care."

(DSS manager)

DSS policy outlines procedures to be followed when a child comes into care. Assessments are to include:

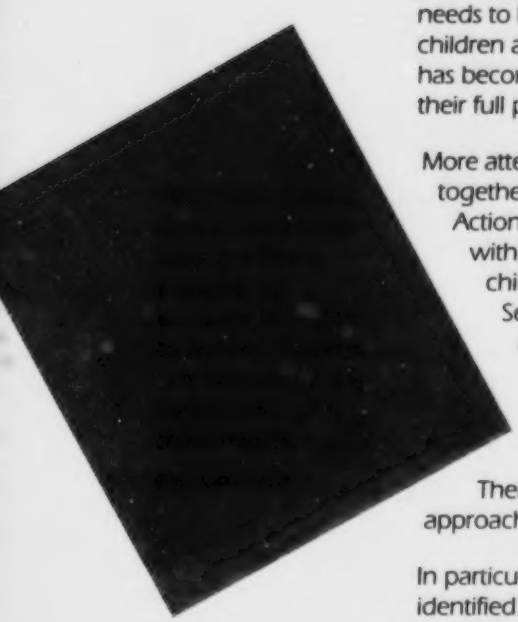
"1. All available background and assessment information should be provided to the caseworker responsible for selecting a placement. Unavailable information must be obtained as soon as possible.

2. The following information should be obtained:

- Identifying information: child's full name, sex, birthdate and address;
- The child's family background: family constellation, cultural, racial, linguistic, religious, educational, medical and socio-economic background, family relationships, personality descriptions and special skills and abilities;
- School information: name and address of school, name of teacher, grade in school, current performance level;
- Medical data: name and address of family doctor, medical problems of the child including physical handicaps or limitations, allergies, current medication, history of illness, and immunization records;
- A description of the child's interests and any hobbies or recreational activities the child enjoys;
- A statement of the child's strengths and problem areas, and known psychological or psychiatric information available regarding behaviour problems, young offender records, or unusual habits;
- A description of the circumstances leading to the child's admission to care;
- Any action required to meet the child's immediate needs, e.g. medical, psychological or legal." (CSPPM)

The files were checked to determine what type of assessments, other than those completed by DSS staff, occurred when the children first came into care, and what assessments were ongoing throughout their time in care. The results show that some type of assessment of 45 percent of the children occurred when they first came into care, and ongoing assessments occurred for approximately the same percentage.

Assessing Special Needs



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Source: File Review Data, Children and Youth in Care Review, 2000

The types of assessments children received are listed in Table 3. Note that some children received more than one type of assessment.

Upon going into care, about 30 percent of children accessed one or more types of treatment resources. They include: counselling, 21 percent; Mental Health assessment, 17 percent; addictions help, five percent; special education, four percent; family counselling, three percent; anger management training, three percent; and other types of treatment, seven percent.

From the Literature

"The delivery of integrated, multidisciplinary child welfare services is a pivotal element of the province's restructuring of services for children, youth and their families. This goes beyond providing all child welfare services in a community out of one physical location. It means that workers from various professional disciplines work together as part of a multidisciplinary team when making day-to-day decisions about children and their families." (Ombudsman Report, British Columbia, 1998)

Recommendation 5.1

That government departments and agencies that serve children and families, in particular Social Services, Health, Education and Justice work with First Nations and Metis Nation agencies to establish a concrete mechanism to coordinate services in the interests of the children being served.

Recommendation 5.2

Children who are in care under the supervision of the Community Living Division, DSS, must be provided care under the same policies as other children in care. Additional supports may be needed for these children, however, at minimum they should receive equivalent services.

Health

Mental Health Services

The Review Team heard from the staff in every human service system that the DSS and Mental Health Services have problems in working together. Many felt that an adversarial situation has developed between Mental Health and the DSS, and that this in some situations has a negative impact on children and youth.

Stability for the child was cited as the major area of conflict between Mental Health and the DSS. DSS staff often stated that they see Mental Health policies and practices as impractical and unrealistic. Mental Health workers stated that without a stable environment for a child, some mental health interventions are simply unethical. Each seemed to not recognize the policies, standards and demands under which the other department is working.

There was discussion about the discrepancies between the budgets of the two departments. Many felt that Mental Health does not have near enough resources to meet the DSS needs. The Review Team heard that because the DSS has the budget capacity to purchase services, they can "shop around" for services.

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- "An adversarial situation has developed between Mental Health and the DSS ... each asks the other to do impossible things ... a paradigm problem. Also each lacks needed resources." (Mental Health manager)
- "They (DSS staff) have a different orientation to what treatment is ... we need a common language about what therapy is and how to translate it into practice." (Mental Health worker)
- "Too much emphasis is placed on a child or youth needing to receive individual counselling or play therapy in order to remediate iatrogenic problems i.e. lack of permanency planning, multiple placements, etc. An adversarial relationship between DSS and Mental Health staff has developed over this issue. DSS believes that Mental Health staff could provide services but won't. Mental Health staff think, based on research, that individual therapies are at minimum ineffective and can do harm if provided to children who lack stability in living arrangements." (Mental Health worker)
- "DSS is always looking for the quick fix." (Mental Health worker)
- "Mental health is quick to say they should be put in foster homes." (DSS worker)
- "DSS has its own budget for mental health services so if they don't like what Mental Health says, they buy a private counsellor." (Mental Health worker)

Table 3: Types of Assessments

ASSESSMENT CATEGORY	Initial	Ongoing
Medical	33%	40%
Educational	13%	24%
Therapeutic	20%	21%
Legal	2%	1%
Recreational	7%	1%

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"It's like having one doctor for your arm and another one for your leg."

(Female, voluntary agreement, 14)

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"DSS moves children around rather than addressing the issues."

(Mental Health worker)

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"Any model of mental health service delivery in foster care should incorporate several basic principles. (The first of which is):

1. Mental health services for children in out-of-home care and their families should be integrated with the social service system of child welfare agencies." (Schneiderman, Connors, Fribourg, Gries & Gonzales, 1998)

Health Care

The general health of children in care is also an area of concern. The current DSS record-keeping system does not provide adequate information on preventative health measures taken by the DSS with children in care. Accurate data on immunization, dental check-ups, regular physician visits and the provision of health education (such as on sexuality, smoking or alcohol use) are not kept.

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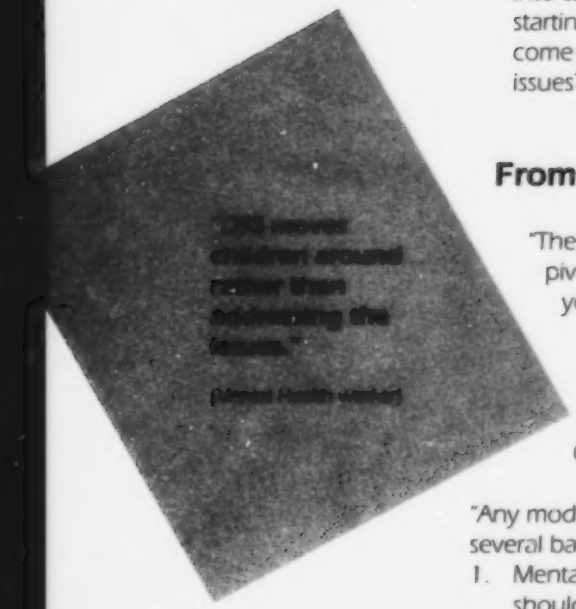

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What They Said

- "Medical contact of any kind with these children should be consistent. This way the children get used to their pediatricians, doctors and counsellors. The time you wait to get these children in to see specialists is ridiculous." (DSS worker)
- "Local dentists won't see children who are FAS, so we have to go to Regina. Teeth need to be capped as soon as they come through. We have to wait so long to get in, seven months. Local dentists are not necessarily unwilling to deal with kids, but don't have the skills to do this type of dentistry. Numbers are getting higher and higher of FAS children. We have only one person in province who has the skills." (Foster parent)
- "We had a very difficult child who screamed all the time, was afraid of everything. I phoned the worker, who said he was the family worker. The child had very few belongings—no evidence that anyone cared about her. I spent next month trying to get information. The child had CMV virus—very contagious; the mother is a drug user and alcoholic. There was inadequate support. The child should have been tested for AIDS and Hepatitis C. The Placement unit was in charge for first month or so, but had no information because they're not her worker. There was a file, but there was a lack of communication. We only got information because someone recognized the child, and was able to track down a former foster parent. The child was allergic to several things. Information was necessary to meet child's needs. Foster families need to find out information themselves or they won't get it. We have to hound the social worker to get information. We need the support, emotional support." (Foster parent)
- "If there was some stability, if the child could be in one home for the course of the cancer treatment, it would go smoothly. The cancer centre has supports in place, but they aren't useful because of the number of placements a child is usually subject to. Children are harmed. Delays in treatment can mean life or death for kids with cancer. There are both planned moves and changes in plans; both mean the child is moved a lot." (Health worker)

From the Literature

Children entering care often have histories of fragmented medical care.

"Unfortunately, even after the children's placement in care, their health needs are often neglected... many do not receive adequate health supervision or preventative care such as immunizations. This lack of consistent adequate care and follow-up is especially problematic for children who need more than standard pediatric care." (Silver, Dilorenzo, Zukoski, Ross, Munster, & Schlegel, 1999)

Recommendation 5.3

That the Department of Social Services and District Health, Mental Health, Child and Youth Services develop a concrete plan to ensure better coordination of services and the enhancement of cooperation at all levels of the two systems.*

Recommendation 5.4

That children in care have their health needs carefully assessed, monitored and fully documented. The full range of health services that parents provide to their children must be maintained by government as parent, including regular health check-ups, up-to-date immunizations, dental check-ups and follow-up, as well as any specialized care required, such as eyeglasses, mental health counselling or orthodontic work.

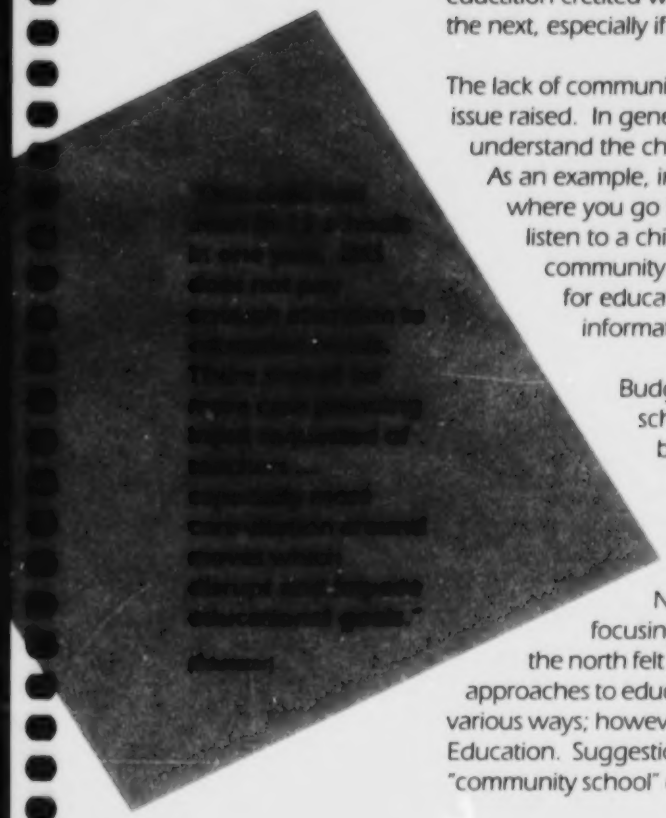
Consider . . .

- Creating a common language among all service providers for understanding the needs and actions for meeting the needs of the children, youth and families. Efforts could include joint training opportunities on the policies and practices of each system.
- Developing joint offices and co-location of staff.
- Increasing involvement of mental health workers in case planning, case planning teams, and case reviews.
- Including general practitioners and pediatricians in case planning.
- Coordinating efforts of biological parents, foster parents, DSS workers and others to maintain accurate health records.

Education

The need for more interdepartmental coordination is creating difficulty in meeting the educational needs of children and youth in care.

The most common concern raised by educators focused on the disruptions in education created when children are moved from one foster care resource to the next, especially if the move meant a change of school.



The lack of communication between the DSS and Education was a common issue raised. In general it was felt that school staff and students do not understand the child welfare system and need information about foster care. As an example, in one community a teacher told students that foster care is where you go before you are adopted. This same teacher would not listen to a child in care try to explain her situation. Social workers in one community have developed a one-hour presentation about foster care for educators. It was felt that similar opportunities to share information would be welcomed.

Budget issues were also raised as a concern. Individuals felt that schools and the DSS hassle about who is going to "pay the bill" for such services as tutoring, classroom aides and other special services. A number of foster parents believed that children were being caught in the middle of this struggle.

Northern communities had additional issues to raise, primarily focusing on ways to keep children and youth in school. People in the north felt that youth see few incentives to stay in school. Alternative approaches to education were suggested. These were conceptualized in various ways; however, most would require collaboration between the DSS and Education. Suggestions included a need for more "store front" learning places, "community school" designations and/or "alternative schools."

What They Said

- "School, DSS and Mental Health workers don't communicate well." (Teacher)
- "DSS apprehended the child from the mother because there wasn't the kind of school support the child needed. DSS didn't inform the mother of the kind of forms she was signing. Without even knowing what was really going on the child was apprehended (and sent to a foster home in a southern community). We don't want this for our children here. We're going to help children and families. The system could have provided a tutor and worked with that family rather than apprehend and remove from the community." (First Nations worker)
- "We have had a foster child for eight and a half years who has ADHD, is 13 years old, and a long-term ward. The school would not accept him unless he is on Ritalin." (Foster parent)

Education

The need for more interdepartmental coordination is creating difficulty in meeting the educational needs of children and youth in care.

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"One child had been in 13 schools in one year. DSS does not pay enough attention to education needs. There should be more case planning input requested of teachers ... especially more consultation around moves which disrupt and impede educational goals."

(Educator)

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From the File Review

Change of school for children and youth coming into care was reviewed. In fewer than 20 percent of the files, there was a definite indication that the child or youth changed schools at the time of placement change; in 14 percent there was a definite indication that the child or youth did not change schools. In the remaining 66 percent of the files, there was no mention of how a child's placement change affected schooling. There was a general absence of recording about school or education which raises questions about how schooling is perceived by workers.

School attendance was examined. Of the files reviewed, about 18 percent of the children were too young to go to school. Of the school-aged children, 66 percent of the children in care were definitely attending school, while nine percent were definitely not attending school. The status of school attendance was not noted on the remaining seven percent of files. Of those who were school-aged and not attending school, over 50 percent refused to go to school (ages 16 and older). The remaining reasons indicated for not attending school included that the child had special needs, was expelled, felt stupid, or was being home-schooled.

From the Literature

"There are strong arguments for social workers to give a far higher priority to the educational dimension in their work with children in care." (Parker, Ward, Jackson, Aldgate, & Wedge, 1991)

Kufeldt, Baker, Bennett and Tite (1998) summarized research on children in care and the education system:

- "research has established that children in foster care generally do not achieve well in the educational system, and that even children in long-term settled placements consistently perform below national norms for their age groups...
- there is little in the way of data held by education departments on children in care...
- there are few opportunities for liaison between education and social services departments and little evidence of cooperation between teachers, social workers and foster parents...
- there is inconsistent provision for continuity of schooling in placement decisions...
- the school resources which might be directed to children in care are not only inadequate for their special education needs, but also often poorly understood by teachers, social workers and others involved in placement decisions...
- apart from some early research on teachers' low expectations, there has been little in the way of focus on teachers' involvement with foster children, their foster families and others involved in their care."

"Indigenous children have the right to all levels and forms of education of the State. All indigenous peoples also have this right and the right to establish and control their educational systems and institutions providing education in their own languages, in a manner appropriate to their cultural methods of teaching and learning. Indigenous children living outside their communities have the right to be provided access to education in their own culture and language. States shall take effective measures to provide appropriate resources for these purposes." (United Nations Declaration on the Rights of Indigenous Peoples, 1994)

Recommendation 5.5

That every child care plan include a plan to ensure that the educational needs of that child are being met, including special educational needs of hard to serve children. *The Education Act*, 1995, outlines the responsibility of boards of education to provide children in care with an appropriate education. There must be careful documentation of all education progress to ensure continuity when children move or are returned home. Social Services and Education must coordinate efforts to ensure that the educational needs of children in care are a priority.

Consider . . .

- Including school authorities in case planning for all children who are of school age.
- Reviewing the education plan and consulting with a child or youth's school prior to moving the child or youth to another foster care resource.
- Tracking the number of moves between schools as part of a general tracking system of the number of moves a child experiences between foster care resources.
- Joint training opportunities for educators and social workers to learn more about each others' systems and procedures to promote greater understanding and cooperation.

M121

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Coordination with First Nations and Metis Nation

There were many expressions of concern about the interface of services between the DSS and FNCFS agencies. Specifically noted were: continuity of case planning, premature moves of children back to parents, coordinating use of same foster homes and consistency in administering payment to foster parents. The lack of consistency between the DSS and FNCFSA in the interpretation of standards, policy and payments was noted as a specific challenge.

Many individuals felt that efforts must be made to ensure that a more comprehensive exchange of information occurs when case management is transferred between the DSS and an FNCFSA. Others wanted First Nations urban organizations to play an expanded role in providing support services to keep children out of care.

"We do not have any jurisdiction outside our own communities. The first recommendation being that First Nations have all control and final say on what happens to our off reserve people as well, with First Nations people in place to do the job."

(First Nations worker)

First Nations groups were concerned about their inability to monitor the care provided by the DSS to children and youth who are members of their First Nation. They wanted to be given a mandate and funding to monitor First Nations children and youth living in care off-reserve under the authority of the DSS. There was strong support for the idea of community review panels. First Nations and Metis Nation participants generally felt that:

- FNCFS agencies should be involved in tracking children in care from their bands, off-reserve. They envision working with the DSS, with band members or band workers having monthly contact with the children and youth, emphasizing planning and family connections.
- Family Review Panels of Aboriginal people should be set up in all areas that deal with large numbers of Aboriginal people. Panels could review plans for intervention in all families, including plans for children in care.

What They Said

- "Aboriginal children are usually in care for too long a period of time. I do not agree with this. We (DSS and FNCFSA) can work better with parents and foster parents in a cooperative strategy." (DSS worker)
- "...need to approach bands and ask 'what can we do for you?' rather than stating what will happen." (DSS worker)
- "Managers are always middle class white men, most workers are middle class white women, while most services go to Aboriginal women." (SASW member)

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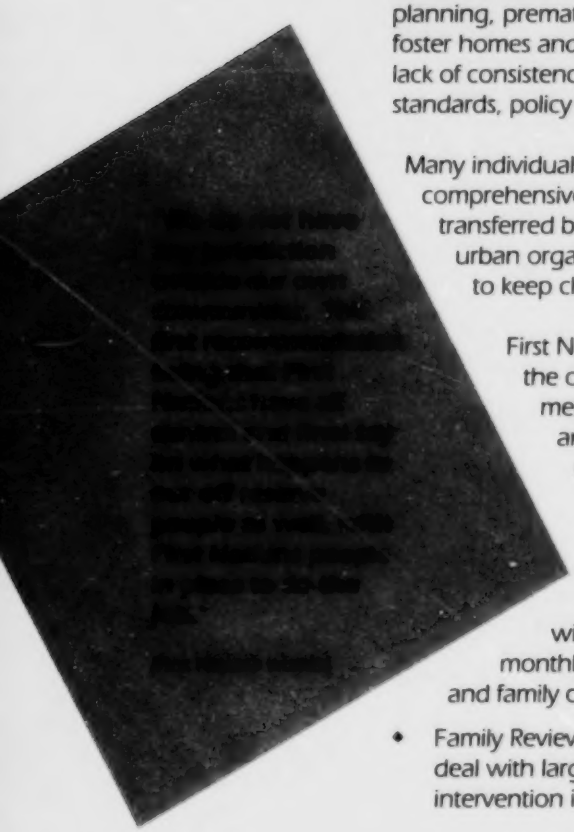

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- "Why aren't the social workers Aboriginal? Why aren't the Directors of these government agencies Aboriginal? Why are there no people in these positions that understand these cultures?" (Urban Aboriginal group)
- "Not enough attention is paid to culture. DSS pays a lot of lip service to it, but don't actually deliver on it. There's a backlash that occurs between a teen and 25, these are critical years. Pay attention to not just the "showy" parts of culture, but the environment that children are raised in. Understand the whole milieu. Understand the colonial background, and the discipline system that went along with this." (Urban Aboriginal group)
- "We have already done the damage by detaching these kids in and out of their homes. We need something here for the people in this community. FAS or suicidal kids need to go somewhere within our community. Ranch Ehrlo is not an option, because they get all this white man's medicine; it does not help." (Metis worker)
- "When the FNCFSA takes over the workers will be in the field, in the community. We know all the people and what to do that makes sense. That would make it a good thing – we speak the language. The children will open up to us because they see us on a regular basis." (First Nations manager)
- "FNCFSA should have more authority over our off-reserve children and have our own First Nations people in place to monitor them." (First Nations worker)
- "I would recommend social workers live in the town, speak the native language; they need to be able to trust her. There is a natural resistance to DSS here. We need resident workers to do preventive stuff: teach parenting skills, for example, mental health resources." (First Nations worker)
- "Metis families should have Metis workers whenever possible, especially in Metis communities." (Metis worker)

From the Literature

The United Nations Draft Declaration on the Rights of Indigenous Peoples (1994) contains recognition of the right of indigenous people to retain responsibility for their children. "Recognizing in particular the right of indigenous families and communities to retain shared responsibility for the upbringing, training, education and well-being of their children." (United Nations Draft Declaration on the Rights of Indigenous Peoples, 1994)

"The proportion of Native children is ten times the proportion of non-Native children who live out of their own homes for their protection; the proportion of Native children is seven times the proportion of non-Native children who commit suicide... mass disclosures of previously hidden child sexual abuse have been made. These conditions reflect generations of cultural and spiritual destruction. These problems are not individual problems requiring individual approaches. They affect entire communities and require community healing and the prevention of further intergenerational damage. Native agencies face the challenge of providing services that treat underlying causes by community healing." (Timpson, 1995)

"How do we channel children into foster care; that is, how is 'eligibility' into care determined and what makes native children 'more eligible' than non-native children? The large number of native children in foster care, particularly in relation to their proportion in the overall population, forces one to consider why they are there. To what extent is the child welfare system observing real differences in the risk of abuse or neglect, and to what extent is it really measuring cultural differences in the upbringing of children?" (Rosenbluth, 1994)

Recommendation 5.6

That the care plan for every First Nations child in care be carefully coordinated between DSS and the First Nations Child and Family Services Agencies (FNCFSA). Transfer of responsibility from DSS to FNCFSA is occurring throughout the province at varying rates and with a variety of procedures, each specific to the Agencies involved. This creates confusion and stress which must be resolved in order to better support the children and families who require support.

Recommendation 5.7

That the First Nations, provincial and federal governments establish a mechanism that, at minimum, provides the First Nations Agency the resources and authority to monitor the care provided to child members of their First Nation who are in the care of DSS and live off-reserve. First Nations children and families living off-reserve need prevention services and mandated child protection and child care services to be connected in some formal way to their First Nation.

Recommendation 5.8

That the Department of Social Services work with the Métis Nation to establish a formal mechanism that will provide for the inclusion of the Metis Nation in planning for Metis children in care.

Consider . . .

- Exploring ways to prevent premature return of children to parents.
- Developing better systems to coordinate use of the same foster homes to prevent overcrowding and failure to support.
- Developing consistent administration procedures and payment rules for foster homes that work in both the DSS and FNCFSA systems.
- Exploring ways of increasing FNCFSA contributions to researching use of extended families as a resource, recruiting and developing foster homes, foster parent and staff training.
- Creating a Children's Advocate or Children's Ombudsman for First Nations children with the authority to review provincial, federal and First Nations governments' decisions.

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Part VIII
Family Support & Prevention Services

There seems to be a fundamental problem associated with children and families in crisis and that has to do with poverty. While not all families with children in care are living in poverty, a great many of them are. The stresses associated with poverty and unemployment, combined with being a young parent with limited parenting options and few supports seem to compound problems for families.

There is a great need to support families before they experience a crisis and before there is any need to have children come into care. Families also need support while their children are in care so they can be helped to get ready to have their children back — and not have the same problems again and again. The visits we made into northern communities were very compelling. Many family problems seem to stem from poverty and lack of housing — problems we need to address if we are to give support to the 40 percent of the northern population that are children.

RECOMMENDATION 6

That all provincial government departments and agencies that provide services to families, particularly those involved in the child welfare system, undertake to provide to the maximum extent of their resources supports to help families out of poverty.

Part VIII
Family Support & Prevention Services

"More energy and time should be put into the front-end. Intervention happens too late for many families. By the time there's intervention, problems are so chronic, so ingrained, it's too late."

(Community social worker)

There seems to be a fundamental problem associated with children and families in crisis and that has to do with poverty. While not all families with children in care are living in poverty, a great many of them are. The stresses associated with poverty and unemployment, combined with being a young parent with limited parenting options and few supports seem to compound problems for families.

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Poverty

While the issue of poverty may initially appear to be outside the scope of the Review, the impact of poverty on families whose children are in foster care, or at risk of care, cannot be underestimated.

Review participants emphasized the need to assist families in addressing the factors that create stress within the family. Living in poverty is time and attention consuming. Parents are drawn away from caring for their children, while struggling to provide the basics for their family. In addition, current systems meant to assist families often create additional stress within the family. For example, the Review Team often heard that removing and reinstating the Child Tax Credit creates problems for poor people.

What They Said

- "In my experience, managing when you are poor requires about five times the skill required to manage when you have money. Poor people can't manage because if they had the skills to manage being poor, they would be getting great jobs. A small money crisis when you are poor can have a cascading effect. When you are poor you can't afford to make a mistake because all your money is committed. This also takes an enormous amount of energy." (Adult formerly in care)

- "Poverty and poor housing conditions are often confused with neglect." (First Nations Elder, northern community)

- "When kids are in temporary care, don't shift the Child Tax Credit. A parent had been told the CTC would not be cut off, but then it was, so her child tax credit is in arrears and is being withheld completely until repayment is made. This has impacted on their ability to stay in the same residence. While the children were in care they were still home on weekends and their clothing, haircuts and other expenses were paid for by the parent. There are certain fixed costs that don't decrease when children are in care. Formerly, a certain proportion of the Family Allowance would be taken away, but not the whole thing." (Urban Family Support worker)

Did you know . . .
that 50,000 children in Saskatchewan live in poverty. In 1997, 19.5 percent of all children in Saskatchewan were living in poverty.

(Campaign 2000, 1999)

From the Literature

While some researchers link child abuse and child neglect directly to poverty, the balanced view is that child management problems occur in families of all socio-economic levels, but middle and upper class families have more resources to find private solutions. Such solutions generally end in keeping children of these families out of the child welfare system.

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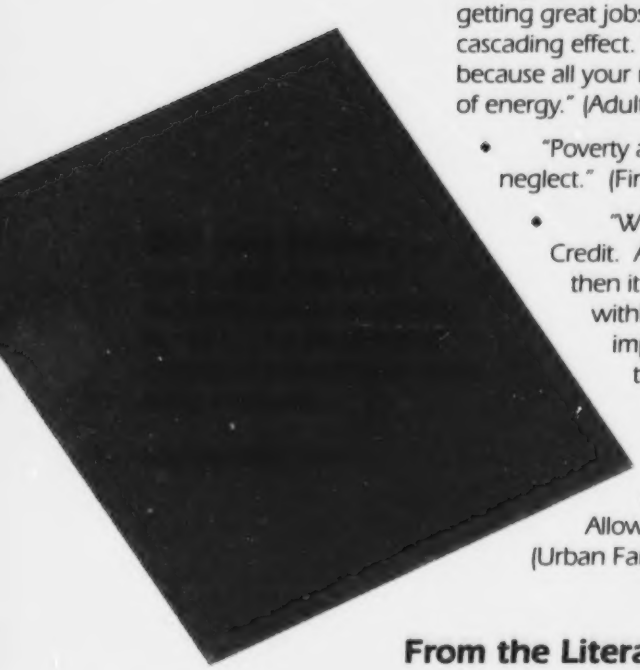

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There is consensus that poverty adds an additional dimension of stress and that alleviating this stress could have the single largest impact on the number of children in care. According to the Canada's Children, 1997 Report, the condition of poverty may be so omnipresent that it is normalized by workers who then look to other reasons for neglect and abuse.

"Poverty is the best predictor of child neglect, as well as a strong predictor of other forms of child maltreatment. Cuts in economic support for low-income families could lead to an increase in the demand for child welfare services, including substitute care. Most children in substitute care (in America) come from single-parent homes and about half come from Aid the Families of Dependent Children (AFDC) eligible families." (Courtney, 1995)

"Certain negative behaviours among children are precursors of what may become criminal activities as they grow older. These behaviours include lying and cheating, destroying their own or other children's things, stealing within or outside the home, and vandalizing property. Children in poor families are twice as likely to have scores within the top ten per cent in terms of frequency of delinquent behaviours, compared to children in modest-income families, and they are nearly three times as likely to have delinquency scores as children in high-income families." (Ross & Roberts, 1999)

"Saskatchewan's Aboriginal people have lower incomes than non-aboriginal people. According to the 1996 Census, the average 1995 income for an Aboriginal person was $12,744. The average income for a non-aboriginal person was almost double at $23,444. Over half the Aboriginal population, age 15 and over, had income below $10,000 in 1995." (Saskatchewan Education, 1999)

"It should be noted that most poor families do not abuse or neglect children, nor does the assertion that there is a strong relationship between poverty and child abuse mean that there is anything morally deficient in these families. However, poverty has consequences and one of them is heightened levels of child abuse and neglect." (The Canadian Union of Public Employees, 1997)

Recommendation 6.1

That the federal and provincial governments, in collaboration with community organizations determine how poverty impacts on children and families involved in the child welfare system and develop effective strategies to address this issue.

Consider . . .

- Developing better coordination and communications with the federal government in changing the child tax care beneficiary to coincide with the times the child is in care of the parent.

Social Assistance

The Review Team heard that the DSS Social Assistance Program is not able to meet all of the special needs of the families that it serves. This in turn causes poverty issues to be turned into child welfare problems. In addition, concern about low Saskatchewan Assistance Plan (SAP) rates was raised by nearly every participant in the north, where the high cost of living intensifies the effects of poverty.

What They Said

- "There should be some things built into the programs that are already in place. $200-300 should be included for camps, extra curricular activities, respite, school fees, lower caseloads for the workers, basic allowances for the children ... the dollars aren't there for recreational needs. ... We can prevent things before the situation gets worse, if we had the dollars in place." (DSS financial assistance worker)
- "How come the government can make the cost of booze the same in every part of the province while milk is more than $9 for four litres in the north?" (First Nations Elder, northern community)

From the Literature

Current SAP rates mean that a family of four (two adults, two children of elementary school age) would receive approximately $1,235 per month to cover their basic needs, including food, shelter, laundry and school supplies. This total includes a $420 payment, the maximum provided by the federal Child Tax Credit program for two children. A single parent with two children of elementary school age receives $1,070 per month. Families in the north receive an additional $50 per person, so that a family of four would receive $1,435 and a single parent family with two children would receive $1,220 per month. (Saskatchewan Social Services, 1999)

"There is also some discretionary provision of money for special needs for special situations, such as clothing, travel, job and training start-up costs, home care services, moving, repairs, back bills for rent and some utilities for the month preceding receipt of SAP, visiting children allowances, etc. A utility allowance to cover the costs of power, gas, oil, water, sewer and basic telephone costs may be available. Additional allowances are available to people with disabilities to provide for their unique needs." (Saskatchewan Social Services, 1999)

"DSS cuts you off or makes cutbacks on your cheque after they have apprehended your kids—as a result, you have to move. But what if you are working to get your kids back and you weren't able to keep your home that the kids are familiar with, close to their school, their friends, then what? It's hard to find another place when vacancy rates are 1%."

(Worker, Aboriginal Support Group)

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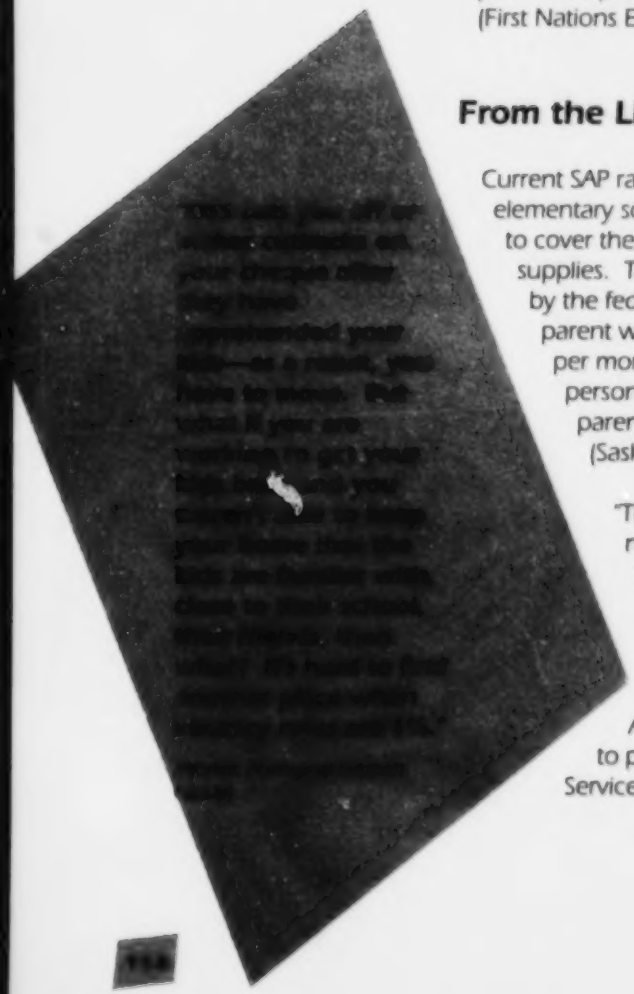

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"There is also some discretionary provision of money for special needs for special situations, such as clothing, travel, job and training start-up costs, home care services, moving, repairs, back bills for rent and some utilities for the month preceding receipt of SAP, visiting children allowances, etc. A utility allowance to cover the costs of power, gas, oil, water, sewer and basic telephone costs may be available. Additional allowances are available to people with disabilities to provide for their unique needs." (Saskatchewan Social Services, 1999)

"The cost of living is too high for the SAP allowance that is available. This is particularly true of persons living in remote communities where transportation costs inflate the price of food. The low rates force people into negative behaviours such as bootlegging and pushing drugs." (The Northern Saskatchewan Social Development Review, 1998)

Recommendation 6.2

That the financial assistance provided to families be reviewed and adjusted to more adequately reflect the needs of children, particularly those living in the north.

Consider . . .

- Facilitating closer involvement of SAP workers in case planning for families receiving services from the Family Services Program.
- Increasing the capacity for the program to consider the ongoing co-parenting financial responsibilities of parents whose children are in care.
- Providing financial assistance for families to visit children in care.
- Providing more discretionary dollars for SAP workers to address family support by purchase of recreational and leisure services, as well as other support and respite services.
- Establishing a mechanism to equalize food costs between northern communities and southern communities (i.e. similar to the way the cost of liquor has been standardized across the province).
- Reviewing the SAP allowance for single parents to ensure that it is adequate in view of the higher northern cost of living.
- Implementing the recommendations from *The Northern Saskatchewan Social Development Review*.

Housing

While inadequate housing is a dimension of poverty, its impact on family life is so profound it deserves special attention. Insufficient and crowded living conditions were the greatest concerns of people in the north. Inadequate housing was cited as a major factor in the abuse and neglect of children.

Did you know . . .

"As of September 30, 1998, there were almost 600 households in northern Saskatchewan waiting for social housing."

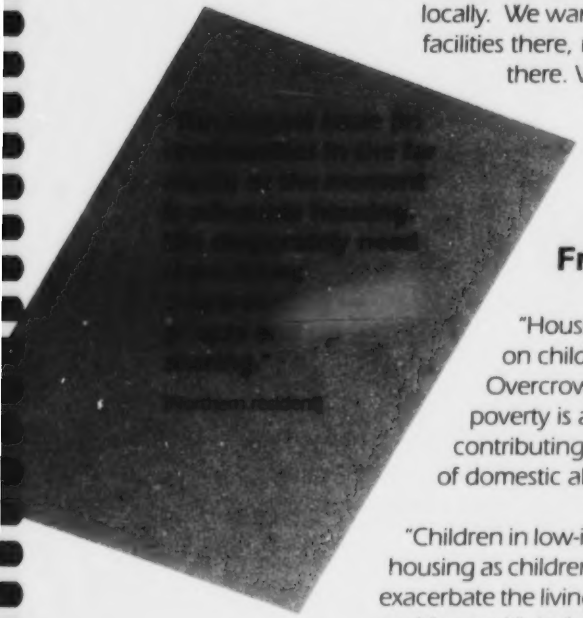
(Saskatchewan Municipal Government, Housing Division Records, 2000)

Lack of housing places additional pressures on the foster care system. In localities where housing is a general problem, substitute care is problematic because alternate caregivers also have housing problems. This may be particularly true in making suitable kinship care arrangements. The February 2000 announcement by the government that $9 million will be provided over the next three years for northern housing was welcomed.

What They Said

- "There are foster care standards and regulations that most homes wouldn't qualify for in the north, around housing especially." (Foster parent, northern community)
- "Aboriginal foster homes—there's not enough of them because of the regulations. The standards (reflect) white, middle class homes." (First Nations worker)
- "A lot of the policies are written for the south, not for the north. Children do not even have their own beds here, let alone their own rooms, so we do not meet the Department's standards. We have up to 200 waiting for housing, and only ten are being built this year. That is why there is such a housing crisis up here." (Elder and Northern Town Council member)
- "Safety-wise, the foster homes should meet fire regulations. There needs to be a higher level of safety such as emergency fire exits. Those kinds of renovations, meeting standards, should be financially assisted. This is too much of a hardship for foster parents to bear the cost." (First Nations manager)
- "The solution is not to drop the standard, but rather to upgrade the house to meet the standard—to provide the funding to meet the standards." (Northern resident)
- "Shortage of space and adequate space for foster children, even though there are really good foster parents available, is going to be a barrier." (Northern resident)
- "Foster homes are not handicapped accessible. They should have this requirement met for foster homes." (Northern resident)
- "Northern communities have been studied at length, it's time to do something with the information. It falls on deaf ears. Federal and provincial governments need to take action, look at the big picture—not just one facet. Communities and parents need to take action, but need help to get started. The community-based attitude of helping each other has been lost." (Elder, northern community)

- "There are no facilities for youth, no group homes, no foster homes for youth locally. We want to keep kids in the north. When young people go south to facilities there, many never come back. They end up on the street, they may die there. We need local facilities to curtail this, some sort of social detox centre to pull them away from the lifestyle. Kids need a lot of direction. Most kids are at risk one way or another." (Elder, northern community)



From the Literature

"Housing which is crowded, inadequate or unsafe has a negative effect on children's physical and mental health, development and well-being. Overcrowding creates a stressful home environment, particularly if poverty is also part of the picture. In some cases, overcrowding can be a contributing factor to violent behaviour which can lead to a higher likelihood of domestic abuse." (Canada Mortgage and Housing Corporation, 1994)

"Children in low-income families are more than twice as likely to live in substandard housing as children in high-income families...Living in substandard housing can exacerbate the living conditions essential to good child development...there are often problems with indoor air quality...contaminants such as moulds, lead, asbestos are found more frequently in poor housing. These substances place children at risk of acute and chronic respiratory problems...In addition to exacerbating children's physical health problems, substandard housing can also harm their emotional health and family functioning, provide distracting and uncomfortable conditions in which they must carry out their school assignments, and be unsuitable for their plan and social activities." (Ross & Roberts, 1999)

Recommendation 6.3

That an action plan to eliminate housing shortages in northern Saskatchewan and inner-city areas be developed with clearly articulated short and long-term goals.

Consider . . .

- Establishing more group homes in the north. Additional homes would assist in addressing the lack of foster care resources, the problem of crowding in the homes of willing grandparent caretakers, and the desire of northern people to keep their children and youth from being sent into foster care in the south.
- Establishing a grant program that allows potential kinship care providers and potential foster parents in the north to make improvements to their dwellings. Grants would allow caregivers to make their homes safe to accommodate foster children.
- Ensuring housing assistance for families whose children are in foster care to help them maintain a dwelling suitable for the entire family when the plan is to return children to parents.

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"The biggest issue (in communities in the far north) at the moment is adequate housing. We desperately need more room; overcrowding — people end up sharing."

(Northern resident)

From the Literature

"Housing which is crowded, inadequate or unsafe has a negative effect on children's physical and mental health, development and well-being. Overcrowding creates a stressful home environment, particularly if poverty is also part of the picture. In some cases, overcrowding can be a contributing factor to violent behaviour which can lead to a higher likelihood of domestic abuse." (Canada Mortgage and Housing Corporation, 1994)

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Family Support Services

The Review Team was told loud and clear that "there is too much crisis intervention." In general, Review participants were frustrated with a system that is short-sighted. Lack of resources at the time of crises was identified as a factor that contributed to intensifying problems.

Lack of funding to establish family support programs on reserves is seen as a major reason why large numbers of children are being brought into care by FSCFS agencies.

Many people identified a link between inadequate early support for a troubled family and the entry of children into the Young Offender (YO) system. Family preservation programs are designed to divert youth from YO custody. These are conceptualized as "front-end" programs in YO, but this is short-sighted in terms of the wider situation.

"There is too much crises intervention stuff, and there is no long-term stuff. The gore is there and it is piling up—we do not do any preventative stuff anymore—we have no time."

(DSS worker)

What They Said

- "Counselling takes six to eight months to get in to. Apprehension is supposed to be a last resort for poor people but when front end resources are not available what alternatives are there?" (Parent of children in care)
- "There needs to be support for the family... earlier access to services. Our family had to make connections themselves. It did help to know the system, but we still had to wait. We really felt on our own lots of time. There's no connection between the various systems. It took financial resources that not every family would have. It is a complex system." (Parent of child in care)
- "YO front end is really the middle (of the individual's childhood), yet these programs attract more public support and funding than does any Family Services Program (aimed at the earlier years)." (DSS worker)
- "We see many of the same names come around that have been turned away previously and come back as Young Offenders. They have to break the law to get help. Sometimes it seems that the system prepares a crop for other programs." (DSS worker)
- "Parents have trouble getting help until things get worse ... requiring apprehension or intervention by the Young Offenders system." (Private counsellor)
- "I met a 14 year-old girl who works the streets as a prostitute, because 'if I live at home I have to do it for free' and 'on the street at least I get paid'. She didn't want to go back into foster care because she had been there before and 'they always make you go back home eventually.' It was too heartbreaking for her to relax and feel safe and have safety torn away from her again." (Physician)
- "DSS is addicted to the adrenaline rush of crises intervention." (DSS manager)
- "There are mostly female foster parents and mostly single women's children who are taken into care." (Community social worker)

"I know a woman . . .

who called DSS intake and asked for help because of the stress she was experiencing in taking care of her children as a single mother. She was told they could not help her because it didn't fall within their mandate. Things would have to be worse before they could help. Things did get worse and six months later her children were apprehended."

(Private counsellor)

- "There needs to be more support to families and children in general... more money into recreation and day care, especially in rural areas. Things are getting worse because there is less money in rural areas, and therefore less money for volunteer agencies that operate there." (Community worker)

From the File Review

The DSS policy provides direction for children at risk of being in need of protection:

- "An offer of family services may be authorized by Section 5 of *The Child and Family Services Act* because the services are essential to enable the parent to care for the child.
- Agreement for Services may include a parental services agreement, a Family Support Contract, or a residential care agreement." (FCSM)

Additionally, the DSS policy states that: "The majority of services are provided in the family's home, or other natural environments. Resources in the family, extended family, Indian band, and community are used to the fullest extent."

Support to a family before the children came into care was indicated in 56 percent of the files, and was recorded as offered in a further 14 percent of the files. Family support was not offered or provided before children came into care in 17 percent of the files. In the remaining 14 percent of the files, it was not possible to determine the status of pre-care family support. In 30 percent of the files, there was a definite record of family support during the time the children were in care.

The files revealed that about 20 percent of the children had definitely accessed some type of special resources before they came into care. These resources included various therapeutic and educational resources. About 25 percent of these children had accessed more than one resource before going into care.

A parent of a child ...

who had been in care told about her teenager who was involved in life threatening activities, and had attempted suicide twice. The worker's prescription for a solution was that the single mother take a parenting class that discussed "how to get your teen to take the garbage out". She found the class totally ineffective, felt unsupported, and desperate to get help for her child.

(Parent of a child formerly in care)

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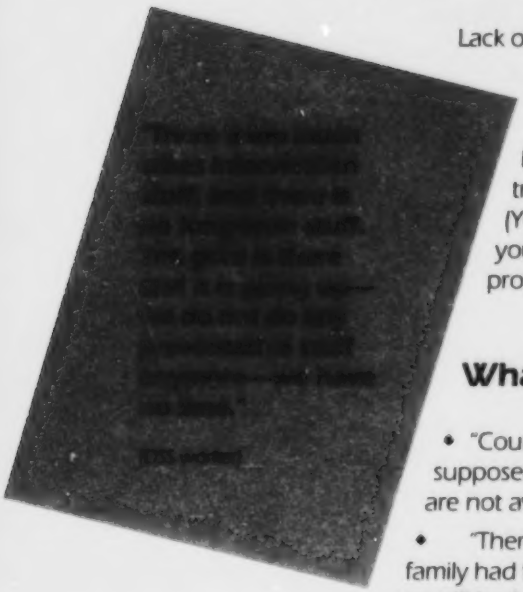

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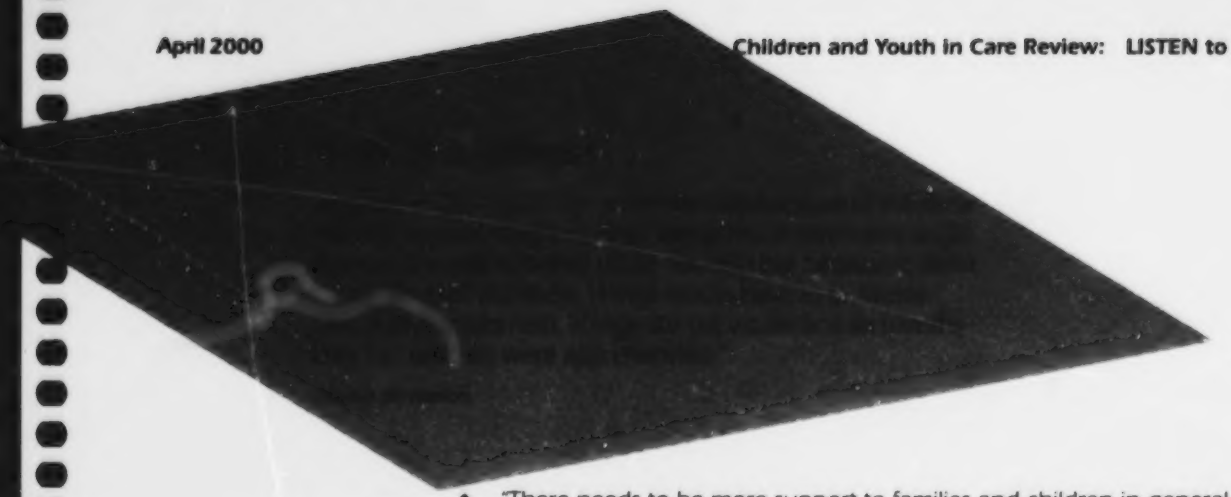

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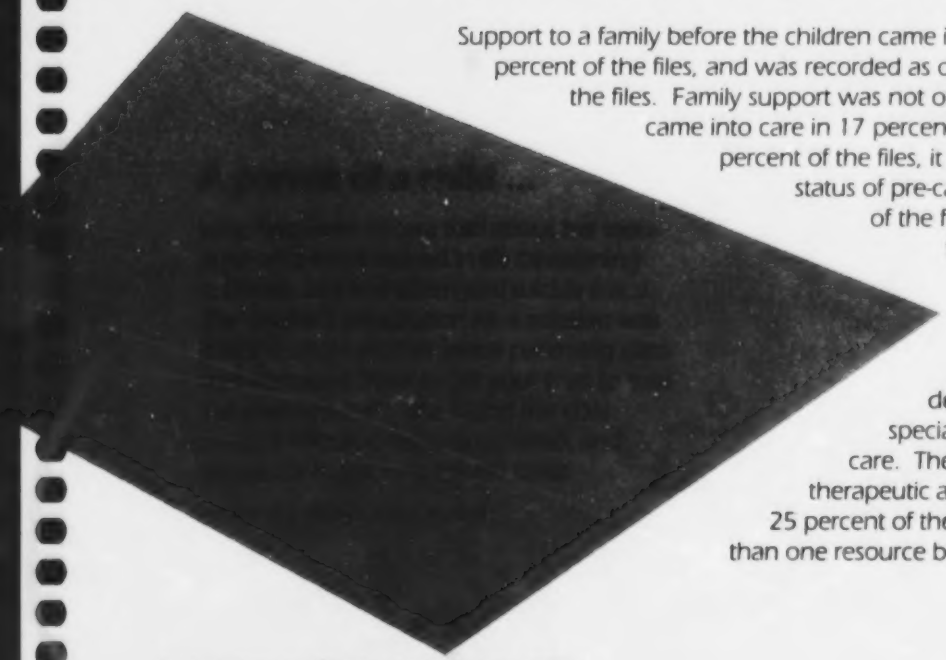

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The files revealed that about 20 percent of the children had definitely accessed some type of special resources before they came into care. These resources included various therapeutic and educational resources. About 25 percent of these children had accessed more than one resource before going into care.

From the Literature

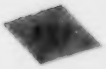
"Indigenous peoples have the collective right to live in freedom, peace and security as distinct people and to full guarantees against genocide or any other act of violence, including the removal of indigenous children from their families and communities under any pretext... Indigenous peoples have the right to special measures for the immediate, effective and continuing improvement of their economic and social conditions, including in the areas of employment, vocational training and retraining, housing, sanitation, health and social security. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and disabled persons." (United Nations Declaration on the Rights of Indigenous Peoples, 1994)

Recommendation 6.4

That access to addictions services, child development, parenting assistance, and health care services is timely and coordinated between various service sectors.

Consider . . .

- Providing respite for families under stress.
- Establishing a program of intensive supervision of youth. Such a program could provide support to parents of acting out youth and keep more youth out of care.
- Continued promotion and facilitating of "wrap around" projects in all communities hold promise to coordinate existing support services for families.
- Where children have been returned home after spending a long period of time in care, implementing an aftercare program of family support and child and youth support to prevent return to care.
- Protecting the budgets of family support programs. The experience across North America seems to be that unless budgets are protected, they are quickly accessed to fund mandated crises intervention programs.
- Identifying families in trouble and addressing parenting issues more quickly. This begins with an intensified program of offering help to families who are identified by the DSS intake but fall outside their current mandate.
- Recognizing the potential of extended families to prevent children from coming into care and expanding supports to them may result in fewer children in care.
- Expanding the role of Family Connections program to locate extended family members early, and include them in supporting parents who are beginning to struggle, thereby ensuring that children who must leave the parental homes have a kinship care alternative.
- Facilitating resources in schools to become more involved in preventing children from coming into care – give families more support.



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Early Child Development

The Review Team heard overwhelmingly about the need for early intervention programs. Early identification and support for high-risk families was felt to be a priority. Review participants felt that an emphasis on making family support services available to families of newborn and very young children was a major factor in keeping children out of care.

It was suggested on more than one occasion that inadequate front-end resources resulted in social workers "playing it safe" and apprehending children. This was a particular concern of FSCFS agencies who indicated that the lack of preventative program funding is resulting in too many children being brought into care on reserves.

Did you know . . .

that a study conducted in 1998, *The Benefits and Costs of Good Child Care*, found that every dollar invested in early childhood would result in a two-dollar saving in later life.

(Cleveland & Krahinsky, 1998)

What They Said

- "If the mothers of all the children who are here now had had prenatal support, their children wouldn't need our services now." (Institutional staff)
- "There has been the 'technology' to identify kids at risk for a long time, and to do a good job, but it's not being used." (Mental Health worker)
- "Develop a program so that when you see high risk teens during pregnancy, go into their homes and teach them how to parent. Teach nutrition, how to talk to a baby, very basic simple things. There are people who have not been parented well themselves. Teach them with their first child. There's a good pay-off. Preventative programs can do amazing things." (Pediatrician)
- "Creating and sustaining preventative programs is limited by the specifications on funding First Nations receive. Funding is provided for children in care, but there is little provision for family support and front-end initiatives that would prevent children from coming into care." (First Nations educator)

From the Literature

"Establishing a long-term plan for early childhood development is a priority of Saskatchewan's Action Plan for Children. . . . The purpose of a long-term plan is to facilitate the healthy growth and development of all children. . . . Creating a long-term plan for early childhood development in Saskatchewan will involve individuals, families, community organizations and all levels of government." (Government of Saskatchewan, April 1999)

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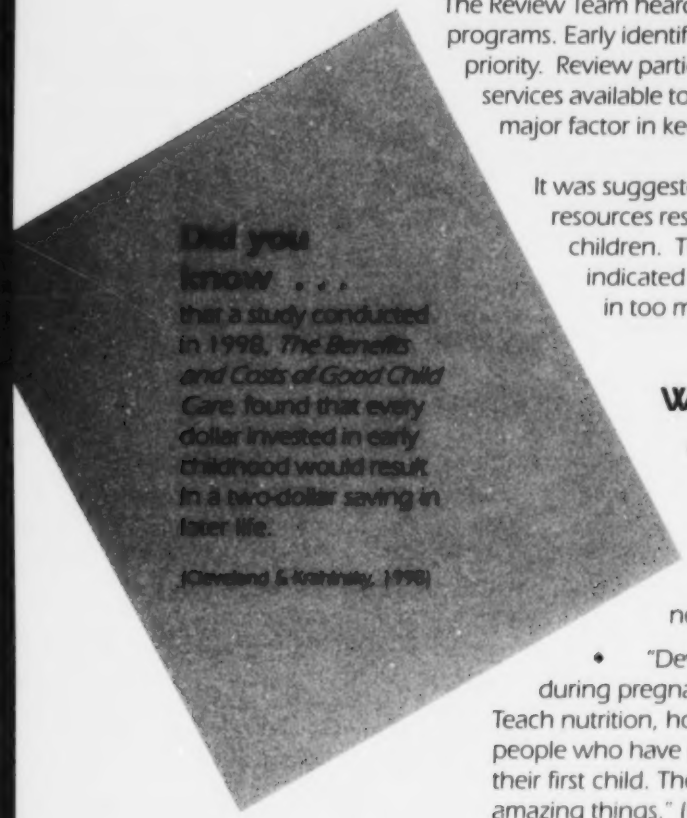
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"The Community Schools Prekindergarten Program began in 1996. In 1999, Saskatchewan Education expanded funding to $1.7 million to include five new Prekindergarten Programs...in a total of 31 schools...A public opinion poll conducted in April 1999 shows strong support for preschool programs such as the Community Schools Prekindergarten Program. Almost three-quarters (74 percent of the people polled agreed that prevention programs for preschool children would be a good financial investment." (Saskatchewan Education, 1999).

"It is far more effective and efficient to prevent abuse and neglect than it is to treat its effects. Effective early identification of mothers likely to abuse or neglect their children and home visiting programs by public health nurses or well selected, trained and supervised volunteers have shown that it is possible to cut the rate of abuse by high risk mothers by more than half." (Steinhauer, 1998)

"Recent developments in neurobiology and across a whole spectrum of developmental sciences have demonstrated that brain development occurring during the first three to four years of a child's life is critical to that child's optimal neurological, emotional and cognitive potential. The environment in which the young child is raised and the relationships experienced with major caregivers will strongly influence that child's brain development and, therefore, success in life. These findings have major implications for the Child Welfare System, which needs modification in order to protect children whose development is at serious and chronic risk from permanent neurological and psychological damage. To safeguard effectively the 'best interests of the child' important changes in legislation and practice are indicated." (Stienhauer & Weiss, 1998)

"The 'Hawaii Healthy Start' early intervention program, that was pioneered in Hawaii and copied in many jurisdictions, has demonstrated its success with positive outcomes for children and their families. The program, run by Health Departments, provides family support where necessary from the time of birth of a child and may extend until the child is five." (Fuddy, 1999).

Recommendation 6.5

That the Minister of Health, in collaboration with other key partners, ensure support to children and families in the prenatal and neonatal period. This support must also be sustained throughout early childhood.

Recommendation 6.6

That the Minister of Social Services ensure that quality childcare is available and affordable for all families, particularly vulnerable families that may not qualify for a child care subsidy.

Consider . . .

- Implementing a comprehensive province-wide early childhood intervention program.
- Providing more good, affordable day care for low-income families, particularly as needed respite for families under stress.

Part IX
What Next?

This Report details the information and stories we heard throughout the Review. I realize that it is a long Report and that it will be difficult to keep it all in focus. One of my fears is that this Report will be read and discussed for the next month or so and then it will be shelved along with the many similar reports that have been prepared in other jurisdictions.

"What assurances have you got from government that they will listen to the recommendations?"

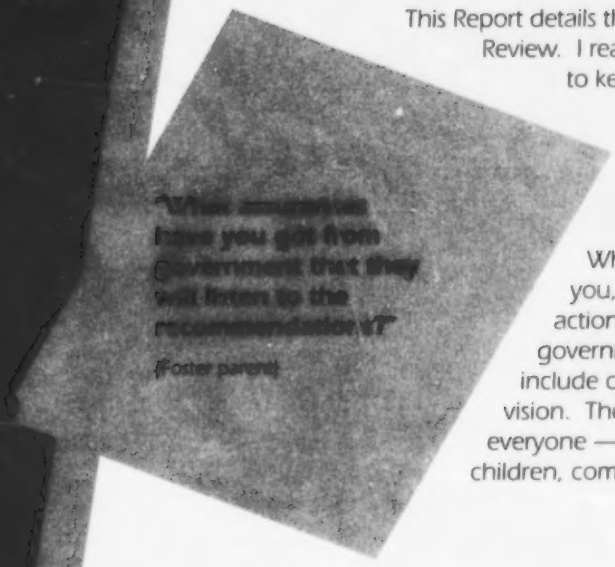
(Foster parent)

What happens next depends to a large extent on what you, the reader, do. You have a responsibility to take action. The responsibility for change is not all with government. I have recommended a process that will include community in a broad way in developing a future vision. The real commitment to action must come from everyone — from politicians, government officials, parents, children, community members.

RECOMMENDATION 7

That provincial government departments and agencies establish a broad-based community approach to child welfare.

Part IX
What Next?



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RECOMMENDATION 7

That provincial government departments and agencies establish a broad-based community approach to child welfare.

Directions for the Future – Major Themes

Ten themes emerged during this Review. These themes outline directions for the government and the community to take in the future to address the needs of children living in care. Aspects of each of these themes were presented to the Review Team by virtually every group or individual consulted and in every written submission received. The experiences and knowledge of the Panel members reinforced these as the major themes to be addressed in the future. These themes were not developed by any formula—they clearly emerged as we met with people who have had experiences with the foster care system. The findings and recommendations of this Review centre around these themes.

- **Listen to Children and Youth:**
  Listening to children and youth is absolutely essential to developing and implementing good family services policy. Best practices must include what young people have to say.

- **Provide Time and Resources to the Caregivers:**
  Those who meet the parenting obligations of government, especially foster parents and social workers, must have the time available to carry out their obligations compassionately and competently. Caretakers without proper support and lacking the time to give attention to children and youth, run the risk of continuing the neglect and abuse that brought the children and youth into care in the first place.

- **Make Practices Consistent with Policies and Legislation:**
  The legislation, policies and standards that direct foster care practice are generally sound. Practices are not consistent with the legislation and policies. This contributes to most of the failures or problems in the foster care system.

- **Be a Responsible Parent Yourself:**
  Government as the parent must at least meet, and preferably should exceed, the standard for parenting the children in their care that we, its citizens, set for ourselves as parents.

- **Work with First Nations and Metis Nation People and Stop Putting So Many Aboriginal Children into Care:**
  The over-representation of Aboriginal children in care raises grave concern and calls for a special strategy. It is an outrage that about 70 percent of the children in care in Saskatchewan are Aboriginal children. First Nations and Metis Nation families and governments must be the leaders in creating a solution to this most urgent issue. This must be a priority, not only of the provincial government, but of First Nations and Metis Nation governments.

- **Protect the Traditions and Cultural Values of the Children Who Are in Care:**
  Social services should be delivered by individuals sensitive to the importance of traditions and culture in the lives of the families being served. All persons involved in caring for and supporting children and families must learn to be respectful of differences and to welcome diversity.

- **Involve the People Who Care:**
  Service planning and decision-making in child welfare must find a way to give voice to and mobilize community and family strengths. Children, youth, parents, extended family members, foster parents, First Nations and Metis Nation governments and agencies, teachers, pediatricians, and mental health workers, all need to be involved in finding creative solutions to problems.

- **Reduce Child Poverty:**
  The issue of poverty must be addressed. Poverty is the major factor in the lives of many families whose children come into care.

- **Invest Earlier in Children and Families:**
  Research on early childhood development has made it clear that the first months and years of a child's life are critical to determining a child's future potential. Investments must be made to support children and families before problems arise or immediately as they emerge, in order to prevent children from coming into care.

- **Don't Expect a Quick Fix:**
  There is no single solution that will remedy the complex issues presented by families in crises. All helping organizations, including provincial government departments, schools, health care professionals, the judicial system and community members must recognize their responsibilities and take action.

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"Will there just be more standards that we can't meet?"

(DSS worker)

Will anything really change?

The Review Team was frequently asked "What good is this Review going to do?" and "What authority does the Children's Advocate have to ensure that government will listen to this Review and really do something?" I am confident that government and community members are committed to making changes that will improve the lives of children in care and their families. I am optimistic that this report will be used to guide broader system change. The Review recommends the active involvement of community in the development of a clear vision for the future. The recommendations and major themes identified in this Review offer direction for the future.

This *Children and Youth in Care Review: LISTEN to Their Voices* was conducted in accordance with *The Ombudsman and Children's Advocate Act* which provides in section 12.6(3)(b) that I may advise any minister responsible for services to children on any matter relating to the interests and well-being of children who receive services from any government department or agency. This Review was intended to develop recommendations to assist government in creating positive change for children in care. The recommendations are intended as advice statements on best practices and future goals.

Working on this Review had a profound impact on me. The desire for community members to work with the Department of Social Services, First Nations agencies and other government departments was clearly stated everywhere we went. Removing children from the care of their parents, extended families and communities is very painful for everyone, and there is a real need to view this as a sacred activity that deserves our utmost respect and our very best services. The profound impact this Review has had on me is minimal in comparison to the impact being in care or having children in care has on families and communities. The need to include the voices of children, parents, community leaders and others in the planning and delivery of child welfare services is urgent and critical. Of the recommendations I have made in this report, the ones below, which detail the need for the DSS and other departments of government to work with community members is a priority. These community members will bring wisdom and compassion to any discussions and they will help government stay on track with implementing the other recommendations in this report. Community members must be involved in shaping a child welfare system that will best fit the needs of the people it serves.

"Is this Review going to change anything? What's in it for First Nations?"

(First Nations manager)

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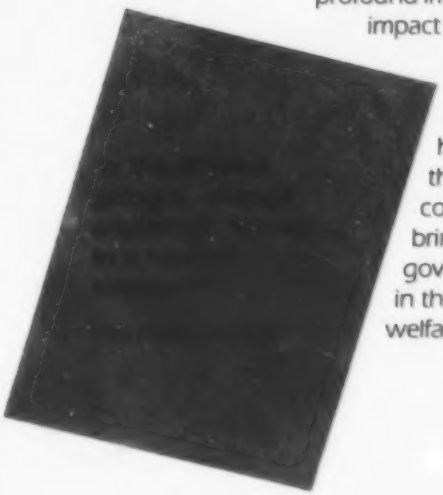


Recommendation 7.1

That a community-based child welfare advisory panel be established. This panel could work with government to help shape a vision and direction for the future of child welfare. It is strongly recommended that government departments report to this advisory panel on a regular basis for up to five years on the progress they are making towards meeting the recommendations made in this report. This Panel could also consult and advise government on all aspects of policy and practices as these relate to children and families involved in the child welfare system.

Recommendation 7.2

That "community-based" be defined as including children and youth in or from care; parents whose children are or were in care; First Nations and Metis Nation representatives; foster parents; social workers from the "frontline"; other professionals, such as health care providers and educators.

Recommendation 7.3

That the Minister of Social Services not be left to assume full government responsibility for children and families who are at risk of or are already involved in the child welfare system. There is a responsibility across government sectors and in communities to find effective solutions to the issues. The child welfare sector does not and cannot act in isolation from the rest of the community—children and youth are a collective responsibility of all of us.

Appendices, References & Index

Appendix A	Children and Youth in Care Review: Multi-sectoral Panel Members
Appendix B	Participants of the Consultation Process Briefs and Written Submissions Location Map of Consultations
Appendix C	Summary of Recommendations
Appendix D	Review of DSS Actions on the Recommendations from the Report on the Death of Karen Quill

APPENDIX A

Children and Youth in Care Review Multi-Sectoral Panel Members

Maureen Ahenakew, Director, Ahtahkakoop First Nation, Indian Child and Family Services
Cal Albright, Youth Justice Coordinator, Health, Federation of Saskatchewan Indian Nations
Sandra Atimoyoo, Director of Social Development, Federation of Saskatchewan Indian Nations
Marcia Bartley, Acting President, Saskatchewan Foster Families Association
Gary Beaudin, PALS Coordinator, Saskatoon Tribal Council
Don Bird, Aboriginal Policing Coordinator, Saskatchewan Justice, Law Enforcement Service
Ed Bitternose, Member, First Nations Foster Families Association
Paul Bunz, Member, Saskatchewan Foster Families Association
Laura Carment, Social Worker and Private Consultant
Calvin Clay, Youth Formerly in Care
Harry Dahl, Special Education Coordinator, Regional Office, Saskatchewan Education
Wally Dion, Youth In Care Network
Derald Dubois, Executive Director, Touchwood, Indian Child and Family Services
Rebecca Elder, General Manager, Saskatoon Tribal Council
Marilyn Friesen, Parent of Child in Care
Klaus Gruber, Executive Director, Saskatchewan Association of Social Workers
George Inkster, Department Head of Social Work, Saskatchewan Indian Federated College
Brenda Kubanowski, Youth Formerly in Care
Mary Lee, First Nations Elder
Ingrid MacColl, Community Worker, Metis Family Community Justice Services
Mary McCartney, Parent of Children Formerly in Care
Joni Mosquito, Youth in Care
Pat Peters, Program Administrator, Saskatchewan Foster Families Association
Ray Ramayya, Superintendent of Special Education, Saskatchewan Education, Northern Regional Office
Wayne Ross, Metis Family & Community Justice Services
Yvonne Skrudland, Program Manager, Family and Youth Services, Saskatchewan Social Services
Richard Snyder, Medical Director, Kinsmen Children's Centre, Department of Pediatrics, Royal University Hospital
Brenda Tuckanow, Director, First Nations Family Support Centre
Robert Twigg, Professor of Social Work, University of Regina
Dorothea Warren, Associate Executive Director, Family and Youth Services, Saskatchewan Social Services

APPENDIX B

Lists of Groups and Individuals Consulted Briefs and Written Submissions

Consultation Group	Location
Ahtahkacoop First Nation	Ahtahkakoop
Community Group	Beauval
Black Lake Band Council	Black Lake
Interagency Meeting	Cumberland House
Day Star First Nation	Day Star
DSS Staff	Estevan
Foster Families	Fort Qu'Appelle
DSS South East Service Centre Managers	Fort San
Foster Families	Ile-a-la-Crosse
Ile-a-la-Crosse Municipal Council	Ile-a-la-Crosse
DSS Staff	La Loche
Foster Families	La Loche
DSS Staff	La Ronge
Foster Families	La Ronge
Foster Parents	La Ronge
Interagency Meeting	La Ronge
La Ronge FNCFSA	La Ronge
DSS Workers	Lloydminster
Foster Families	Lloydminster
DSS Workers	Meadow Lake
Foster Families	Meadow Lake
Meadow Lake FNCFSA	Meadow Lake
DSS Staff	Melfort
Foster Families	Melfort
Melfort Metis Nation	Melfort
Public Meeting	Melfort
DSS Staff	Moose Jaw
Foster Families	Moose Jaw
South Central Early Childhood Intervention Program (ECIP)	Moose Jaw
DSS Supervisors	Nipawin
Foster Families	Nipawin
Saskatchewan Association of Social Workers (SASW) and DSS Staff	Nipawin
DSS Staff	North Battleford
Foster Families	North Battleford
Public Meeting	Pinehouse
DSS Staff	Prince Albert
DSS Workers	Prince Albert
Foster Families	Prince Albert
Peter Ballantyne FNCFSA	Prince Albert
Saskatchewan Association of Social Workers (SASW) and DSS Staff	Prince Albert
Saskatchewan Association of Social Workers (SASW) and DSS Staff	Prince Albert
Therapeutic Foster Families	Prince Albert
Children's Justice Centre	Regina
Dale's House Staff	Regina
DSS Central Office Staff	Regina
DSS Program Managers	Regina
DSS Staff	Regina

DSS Staff	Regina
DSS Supervisors	Regina
Foster Families	Regina
Foster Families	Regina
Foster Families	Regina
Peyakowak (They Are Alone) Committee Inc. Staff & Students	Regina
Ranch Ehrlo Society Staff	Regina
Regina Urban Aboriginal Cooperative	Regina
School of Social Work Faculty	Regina
SGEU Executive	Regina
Special Education Coordinators	Regina
DSS & Mental Health Services Staff	Rosetown
Foster Families	Rosetown
Alvin Buckwold Child Development Program, Kinsmen Children's Centre, Department of Pediatrics, Royal University Hospital	Saskatoon
Child & Youth Directors, Saskatchewan Mental Health	Saskatoon
Child & Youth, Saskatoon Mental Health	Saskatoon
Childcare Association, Adoptive Parents	Saskatoon
Children's Shelter Staff	Saskatoon
DSS Staff	Saskatoon
DSS Staff	Saskatoon
DSS Staff	Saskatoon
DSS Staff, Aboriginal Unit	Saskatoon
Early Childhood Intervention Program (ECIP), Saskatchewan	Saskatoon
Equal Justice for All Staff	Saskatoon
Foster Families	Saskatoon
Foster Families	Saskatoon
Foster Families	Saskatoon
Mobile Crisis Unit Staff	Saskatoon
Private Child Care Consultants	Saskatoon
Provincial Directors, Saskatchewan Group Homes	Saskatoon
Provincial Directors, Saskatchewan Legal Aid	Saskatoon
Saskatchewan Indian Federated College Faculty	Saskatoon
Saskatoon Tribal Council	Saskatoon
School of Social Work	Saskatoon
SGEU Members	Saskatoon
Transitional Adolescent Parenting Services (TAPS)	Saskatoon
Agency Chiefs	Spiritwood
Athabaska Denesuline Child and Family Services Inc.	Stony Rapids
Interagency Meeting	Stony Rapids
Foster Families	Weyburn
Foster Families	Whitewood
DSS Staff	Yorkton
Foster Families	Yorkton
SASW Members	Yorkton
Yorkton Tribal Council Child and Family Services	Yorkton

Note

Additional contacts and submissions were received from physicians, lawyers, foster families, adults formerly in care, children of foster parents, Mental Health Services workers and DSS staff.

Location Map of Consultations

APPENDIX C

Summary of Recommendations

RECOMMENDATION 1

That all government departments and agencies provide children and youth with a right to participate in planning for their care.

Recommendation 1.1

The Child and Family Services Act be amended to include participation rights for children in care. This includes the right to:

- be informed about their plans of care;
- an interpreter if language is a barrier to consulting with the child;
- be informed about and assisted in contacting the Children's Advocate;
- be consulted and to express their views, according to their abilities, about significant decisions affecting them;
- be informed of their rights and of the procedures available to them for enforcing their rights.

Recommendation 1.2

That a youth in and from care advisory network be established to provide support to youth in and from care and to advise government on policies and practices that impact children and youth in care. Sufficient and sustained resources and support must be provided to this youth participation process.

RECOMMENDATION 2

That every child in care has a comprehensive, child-based plan of care that recognizes the importance of stability in the child's life and that honours the continued involvement of family, extended family and community.

Recommendation 2.1

That the Minister of Social Services provide DSS staff with the training, support and time needed to carry out their obligations as outlined in policy and best practice standards.

Recommendation 2.2

That a mandatory, extensive orientation and training program be completed by all new employees BEFORE they assume responsibility for child protection or childcare services. DSS workers must be given sufficient orientation and training to ensure that they know and understand their responsibilities.

Recommendation 2.3

That ongoing professional development be supported for all family services workers.

Recommendation 2.4

That the DSS workers and supervisors are provided with sufficient time and resources to meet the standards outlined in policy and legislation. This includes meeting the best practice expectations that are clearly outlined in the *Family Centred Case Management Policies* and meeting all of the standards of care for children that are articulated in various other policies. In order to meet this recommendation, DSS must ensure that there are adequate resources available AND that individual DSS workers and supervisors are providing services in a respectful, ethical manner.

Recommendation 2.5

That every child in care has a clearly articulated and documented care plan. This plan, must be reviewed and monitored systematically. Children, family members and community members, particularly First Nations or Metis Nation representatives, where appropriate, must be included in the development of the care plan and must participate in the regular reviews of the care plans.

Recommendation 2.6

That every effort be taken to support a child to live and grow up in a stable environment. There must be a procedure established to review every move a child experiences preferably before the move occurs. Reasons for every move must be clearly documented. A clear accountability system must be established to protect children from being frequently moved to another setting as a solution to a problem.

Recommendation 2.7

That the DSS and First Nations governments review the impact that long-term care orders in conjunction with adoption policies are having on the lives of children who are long-term wards and being raised in foster care. The growing number of young children who are now long-term wards is alarming.

Recommendation 2.8

That children in care have up-to-date, accurate records that provide complete information about all aspects of the care they are receiving. These records must include a detailed plan for care that incorporates health and educational status. Children must also have access to the personal information that is kept about them.

Recommendation 2.9

That foster parents must be provided with information about the children in their care in a timely manner. Health status, education, family connections and other information useful to providing daily care is required by foster parents as soon as possible.

Recommendation 2.10

That the DSS data collection be reviewed and updated to ensure that accurate and timely statistical information about children in care is available. It would be useful for all government departments and agencies that provide support to children in care, including Health, Education and the FNCFSA to have some mechanism to evaluate the impact of the programs/services that are being provided to children in care and their families.

Recommendation 2.11

That connections between a child in care and his or her family and extended family are made as early as possible and supported to the maximum extent. Children should not drift within the foster care system without every effort being made to connect them in a meaningful way with their family of origin.

Recommendation 2.12

That older youth in care be supported in their transition to independent living. Community standards of parenting and regulations that all Saskatchewan parents must comply with must also be applied to government as parent.

RECOMMENDATION 3

That foster families, Persons of Sufficient Interest and Alternate Caregivers be provided the supports they need to ensure that the children in their care are provided, to the maximum extent possible, the special protection and care to which they are entitled.

Recommendation 3.1

That kinship or extended family care arrangements be considered for every child who comes into care. DSS workers must be provided the support and resources to actualize these arrangements.

Recommendation 3.2

That policies regarding Persons of Sufficient Interest (PSI) and Alternate Caregivers be reviewed to ensure that these placements are supported in a fair and consistent manner throughout the province. The policy must include direction regarding PSI/Alternate Caregiver fees. Special needs funding for PSI/Alternate Caregivers must be provided at an equivalent rate to that provided to foster parents. There is also a need to clarify how the Child Tax Benefit/Child Tax Credit is allocated when a child is in care with a PSI or Alternate Caregiver.

Recommendation 3.3

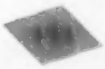
That more First Nations and Metis Nation foster families be recruited and trained, preferably by persons of Aboriginal ancestry.

Recommendation 3.4

That the DSS develop a strategy for a continuous foster home recruitment and screening program.

Recommendation 3.5

That compensation rates for foster parents be reviewed in relation to rates of pay for other in-home care providers, such as Community Home Operators, Approved Home Operators (with Mental Health) and Personal Care Home Providers (Long-Term Health Care) that are funded by the provincial government. Foster parents should be paid at an equivalent level to other out-of-home care providers.



Recommendation 3.6

That all foster parents participate in the required training before children are placed in their home.

Recommendation 3.7

That continuous and reasonable financial support, including babysitting and respite, be provided to all foster families.

Recommendation 3.8

That the protocols used to review and investigate allegations of foster family abuse, the death of a child in a foster home and complaints from foster children be adhered to. Protocols must ensure that children are safe and listened to, while ensuring that children and youth, foster family members, natural family members, and DSS workers are treated fairly and supported with compassion.

Recommendation 3.9

That more resources such as small, local group homes be developed throughout the province, particularly in northern or more remote communities.

Recommendation 3.10

That the model used in the Therapeutic Foster Home Program be extended to all foster homes, particularly with regards to training, support, and respite services.

RECOMMENDATION 4

That formal decisions about children in care and their families are timely and that fair procedures are in place for all people involved, including the children, their parents, the foster parents and the DSS staff.

Recommendation 4.1

That the Minister of Social Services provide community and family members with opportunities outside of the judicial system to formally influence care plans for children and to participate in a review of administrative decisions that affect children in care and their families.

Recommendation 4.2

That the Family Review Panels and Family Services Board be established, either as currently defined in *The Child and Family Services Act* or through an amendment that defines responsibilities more broadly. These Review Panels should include community members in the review of care plans for children and families and provide an independent, community-based appeal procedure for children and others who have concerns about administrative decisions made by the Department of Social Services (DSS).

Recommendation 4.3

That the timely introduction of a skilled and neutral mediator, as provided for in *The Child and Family Services Act*, be considered more frequently. The mediator must be from outside the child protection system and be involved only when families and workers volunteer to participate in this process. The objective of such mediation is to help the child welfare officials, the parents and the child come to an agreement on a plan that is in the best interests of the child, while removing the power imbalance that frequently occurs between the child protection workers and families. The DSS worker and the mediator are not the same person when formal mediation is determined to be the most useful approach to resolving an issue.

Recommendation 4.4

That the DSS, in conjunction with the Department of Justice, review the time limits outlined in *The Child and Family Services Act*. Amendments to the Act and changes in practice should be considered to ensure that both the time taken in getting a case dealt with in the courts and the length of time a child can be in care without a permanent resolution are meaningful and can be adhered to.

RECOMMENDATION 5

That all government departments and agencies that serve children and families make the needs of children who live in foster care or other out-of-home placements a priority. The supports needed to assist these children are not only the responsibility of the Minister of Social Services. All children, particularly those whose parent is essentially the government, deserve the same access to Health, Education, Justice and other government services as children who live with their natural families.

Recommendation 5.1

That government departments and agencies that serve children and families, in particular Social Services, Health, Education and Justice work with First Nations and Metis Nation agencies to establish a concrete mechanism to coordinate services in the interests of the children being served.

Recommendation 5.2

Children who are in care under the supervision of the Community Living Division, DSS, must be provided care under the same policies as other children in care. Additional supports may be needed for these children; however, at minimum they should receive equivalent services.

Recommendation 5.3

That the Department of Social Services and District Health, Mental Health Child and Youth Services develop concrete plans to ensure better coordination of services and the enhancement of cooperation at all levels of the two systems.

Recommendation 5.4

That children in care have their health needs carefully assessed, monitored and fully documented. The full range of health services that parents provide to their children must be maintained by government as parent, including regular health check-ups, up-to-date immunizations, dental check-ups and follow-up, as well as any specialized care required, such as eyeglasses, mental health counselling or orthodontic work.

Recommedation 5.5

That every child care plan include a plan to ensure that the educational needs of that child are being met, including special educational needs of hard to serve children. *The Education Act*, 1995, outlines the responsibility of boards of education to provide children in care with an appropriate education. There must be careful documentation of all education progress to ensure continuity when children move or are returned home. Social Services and Education must coordinate efforts to ensure that the educational needs of children in care are a priority.

Recommendation 5.6

That the care plan for every First Nations child in care be carefully coordinated between DSS and the First Nations Child and Family Services Agencies (FNCFSA). Transfer of responsibility from DSS to FNCFSA is occurring throughout the province at varying rates and with a variety of procedures, each specific to the Agencies involved. This creates confusion and stress which must be resolved in order to better support the children and families who require support.

Recommendation 5.7

That the First Nations, provincial and federal governments establish a mechanism that, at minimum, provides the First Nations Agency the resources and authority to monitor the care provided to child members of their First Nation who are in the care of DSS and live off-reserve. First Nations children and families living off-reserve need prevention services and mandated child protection and child care services to be connected in some formal way to their First Nation.

Recommendation 5.8

That the Department of Social Services work with the Metis Nation to establish a formal mechanism that will provide for the inclusion of the Metis Nation in planning for Metis children in care.

RECOMMENDATION 6

That all provincial government departments and agencies that provide services to families, particularly those involved in the child welfare system, undertake to provide to the maximum extent of their resources supports to help families out of poverty.

Recommendation 6.1

That the federal and provincial governments, in collaboration with community organizations, determine how poverty impacts on children and families involved in the child welfare system and develop effective strategies to address this issue.

Recommendation 6.2

That the financial assistance provided to families be reviewed and adjusted to more adequately reflect the needs of children, particularly those living in the north.

Recommendation 6.3

That an action plan to eliminate housing shortages in northern Saskatchewan and inner-city areas be developed with clearly articulated short and long-term goals.

Recommendation 6.4

That access to addictions services, child development, parenting assistance, and health care services is timely and coordinated between various service sectors.

Recommendation 6.5

That the Minister of Health, in collaboration with other key partners, ensure support to children and families in the prenatal and neonatal period. This support must also be sustained throughout early childhood.

Recommendation 6.6

That the Minister of Social Services ensure that quality childcare is available and affordable for all families, particularly vulnerable families that may not qualify for a child care subsidy.

RECOMMENDATION 7

That provincial government departments and agencies establish a broad-based community approach to child welfare.

Recommendation 7.1

That a community-based child welfare advisory panel be established. This panel could work with government to help shape a vision and direction for the future of child welfare. It is strongly recommended that government departments report to this advisory panel on a regular basis for up to five years on the progress they are making towards meeting the recommendations made in this report. This Panel could also consult and advise government on all aspects of policy and practices as these relate to children and families involved in the child welfare system.

Recommendation 7.2

That "community-based" be defined as including children and youth in or from care; parents whose children are or were in care; First Nations and Metis Nation representatives; foster parents; social workers from the "frontline"; other professionals, such as health care providers and educators.

Recommendation 7.3

That the Minister of Social Services not be left to assume full government responsibility for children and families who are at risk of or are already involved in the child welfare system. There is a responsibility across government sectors and in communities to find effective solutions to the issues. The child welfare sector does not and cannot act in isolation from the rest of the community—children and youth are a collective responsibility of all of us.

APPENDIX D

Review of DSS Actions on the Recommendations from the Report on the Death of Karen Quill

The following section is a brief synopsis of the DSS response to the recommendations from the Report on the Death of Karen Quill, presented to the Minister of Social Services in June 1998. The information has been organized in keeping with two progress reports to the Children's Advocate Office, February 3, 1999 and December 2, 1999 by the DSS in which they detail the progress they have made on the recommendations.

Issue I:
Improving Foster Care

Recommendations identified in this area: 10, 11, 12, 13, 15, 22, and 24

"The Children's Advocate report on Karen's death identifed concerns in a number of areas regarding out-of-home care for children. These focused on:

a. The number of children placed in a foster home and support for foster families to care for the children placed in their home.
b. Ongoing evaluation of foster homes to assess the foster family's ability to care for children in their care." (Saskatchewan Social Services Progress Report, February 1999).

Recommendation #10

That for every foster home application, including applications to reopen a home, a formal homestudy process be completed unless the home has been granted a pre-approved leave of absence from fostering.

Recommendation #11

That the number of children approved for placement in a particular foster home by the foster homestudy and/or annual foster home review not be exceeded. It must be recognized that each foster home is approved for a defined number or age of children. This number of children may be less than the maximum number of children allowed according to DSS policy.

Recommendation #12

That the DSS establish an effective system of accountability to ensure that the allowable number of children placed in foster homes is not violated.

Recommendation #13

That the DSS amend their current policy to ensure that multiple exceptions to the standard regarding the number of children per foster home are not permitted.

Recommendation #15

That the DSS establish measurable standards that ensure adequate support is provided to foster parents and that foster parents are informed of all available resources.

Recommendation #22

That the DSS immediately review all foster care placements and that where the numbers of children in a foster home exceed the maximum of four children, ensure that the placements are acceptable and that all necessary supports are provided to foster parents.

Recommendation #24

That the DSS immediately inform all foster parents that home support is available to assist them with providing appropriate care to the children in their homes.

TABLE 4: Actions Reported by the DSS to Recommendations Regarding Improving Foster Care

Actions Reported February 1999	Actions Reported December 1999
In June 1998 all existing placements of children in foster homes were reviewed and where there were more than four children in a home, an assessment was completed. Proper approvals for exceeding the limit were introduced.	The Saskatchewan Foster Families Association received funding to employ two more foster home support staff. No further action on this recommendation.
An automated process was developed to identify when a foster family had more than four children and, using a strict approval process, these situations are now automatically brought forward for review every 14 days. Staff were provided training in this new approval procedure.	No further action on this recommendation.
An ongoing foster family recruitment campaign to be developed and implemented in 1999.	The recruitment campaign is still being developed. Display ads are prepared, including an appeal to Metis and First Nations families to apply and a poster has been developed to increase public awareness; a recruitment brochure has been drafted and a presentation package prepared to ensure consistent messages to the public from DSS staff.
All foster homes are to have annual reviews completed by June 1999.	As of June 1999, DSS reported that all foster families had an annual review completed. Policies are now in place to reinforce compliance with policies.
A new respite policy was introduced that allows foster families up to five days of leave from fostering per year.	Foster families have been provided with information about the respite policy and most are reported to be accessing respite.
	Counselling for foster families is now available under certain circumstances as outlined in policy. The foster family training curriculum is being reviewed and foster families have been offered increased training on the importance of maintaining a child's connections to his or her family.

Issue II:
Improving Case Practice

Recommendations identified in this area: 4, 5, 6, 7, 10, 11, 12, 13, 16, 17, 18, 22, 23

"The department has policy and procedure manuals that are intended to provide staff with detailed direction and guidance on how the programs are to be delivered. There are several factors that influence compliance with policies including:

- Staff must have sufficient time to carry out their responsibilities.
- Staff must be aware of, and understand, existing legislation and policy.
- Staff must have the necessary knowledge and practice skills to implement the policy.
- Staff require direction and guidance from supervisors on how to effectively apply the policies." (Saskatchewan Social Services Progress Report, February 1999)

Recommendation #4

That standards be developed to ensure that all children have a personal visit by a social worker, in the foster home in which they have been placed, within the first 48 hours of placement.

Recommendation #5

That the present policy stipulation that contact be "a minimum of twice per month for the first two months" also state that the contacts occur in the foster home in which the child has been placed.

Recommendation #6

That all transfers of children between emergency homes and longer term foster home placements be done by DSS workers and not left to foster parents or contract workers.

Recommendation #7

That a standard process be established to ensure that parents and children receive a complete explanation of the terms and conditions of their relationship with the DSS, including appeal options.

Recommendation #10, 11, 12, 13 – Listed Under Issue I.

Recommendation #16

That the DSS establish minimum standards regarding contacts and home visits with foster parents. The ongoing capacity of a foster parent to care for the children in his/her care must be assessed on a regular basis.

Recommendation #17

That the DSS ensure that all complaints concerning the treatment of children in care are completely and promptly investigated and that an accountability process be implemented which monitors DSS follow-up of these complaints.

Recommendation #18

That the DSS develop a policy regarding post death services to DSS clients, including families and foster families of any child who dies as per the DSS Death of Child or Youth Policy.

Recommendation #22 – Listed Under Issue I.

Recommendation #23

That the DSS immediately review with all staff the contact standards regarding personal contact by DSS workers with children in foster care.

TABLE 5: Actions Reported by the DSS to Recommendations Regarding Improving Case Practice

Actions Reported February 1999	Actions Reported December 1999
DSS reported that 50 new staff positions were added to the department in early 1998; 43 of them were allocated to child welfare.	Internal case audits are to be conducted in each DSS office to ensure compliance with policy and standards. All 50 new positions added to child welfare by June 1999. An evaluation of the impact of these positions is being incorporated into a project looking at outcome measures in child welfare services.
Policy was changed to include a requirement that children in foster care must have a personal contact with their caseworker within two working days of placement; that the majority of meetings between the caseworker and the child should occur in the caregiver's home and that DSS staff will transport the child to the caregiver's home.	Case audits are now required by policy. All regions will have completed audits by the end of March 2000.
Policies regarding approval of foster homes include standards related to the evolving capacities of the foster family.	No further action reported.
The Maximum Number of Children in a Foster Home policy was revised to include tracking of the number of children in a home and to clarify when more than four children in a foster home is allowed.	No further action reported.
A new Foster Home Study is now required when families reapply to become foster parents.	No further action reported.
Caseworkers are required to provide families with information about their rights to appeal administrative decisions made in family services matters.	No further action reported.
Policy regarding the investigating of allegations of abuse or neglect in foster homes is being reviewed and will include standards and follow-up requirements.	A revised policy has been implemented that provides practice guidelines and outlines a process to ensure consistency in addressing complaints. In addition, a database has been developed to maintain information about allegations of abuse or neglect in a foster home and actions taken following an investigation.
Foster families are provided up to five days of paid respite.	No further action reported.
Policies will include the need to assess and provide services for the family, the caregiver, other children and DSS staff after a child death.	No further action reported.
The Children's Services Manual is being completely revised, in consultation with DSS staff and other stakeholders. To be completed and available for staff and FNCFS agencies in September 1999.	The new Children's Services Manual has been drafted with the guidance of a reference group including caseworkers, supervisors, DSS management staff, foster families and youth in care. A finalized version is expected in 2000. A new Assessment and Case Plan format will be introduced in 2000. Child development, family resources and other areas will be assessed and incorporated into a child's case plan.

Issue III:
Improving Out-of-Home Care for Children

"These recommendations...noted concerns that there were insufficient foster homes and other out-of-home care resources for children, and that extended family should be considered as the priority resource for children who cannot be cared for by their parents." (Saskatchewan Social Services Progress Report, February 1999)

Recommendation #1

That when a First Nations child is apprehended by the DSS, all possible placement options must be explored with the Band/Agency prior to placing the child in the DSS (non-emergency) foster care system. This necessitates that the DSS and the Band/Agency develop a process to ensure that this exploration of placement options takes place.

Recommendation #2

That all possible caregivers for children, especially extended family members, must be considered as placement options, where it is safe to do so, particularly when children are already in emergency foster care.

Recommendation #3

That an effective and accountable system be developed that ensures extended family members are considered as placement resources and that a record of the outcomes be documented.

Recommendation #8

That parents of children who are in foster care under a voluntary agreement be provided with resources and support to facilitate their children being returned to them in a timely and safe manner.

TABLE 6: Actions Reported by the DSS to Recommendations Regarding Improving Out-of-Home Care for Children

Actions Reported February 1999	Actions Reported December 1999
DSS and the FNCFS agencies are working together to improve services for First Nations children and their families. Actions have included providing training to FNCFSA foster care resource coordinators and developing protocols to transfer responsibility for child welfare services to the FNCFS agencies.	Contact between First Nations Child and Family Services Directors and DSS occurs on an ad hoc basis. Local forums have been established in some, but not all locations. New North and Family and Youth Services, DSS are working to address a number of concerns specific to child welfare services in northern communities.
DSS revised the Family Connections program to increase their work with FNCFSA and other First Nations agencies and with Metis organizations to assist with identifying extended family at an early stage in a child's admission to care.	The role of the Family Connections staff continues to emphasize the need to identify and facilitate extended family and cultural community connections for children in care. Regions that do not have a Family Connections Coordinator are taking steps to establish them.
DSS reported that more supports, such as parent education, counselling, day care or in-home supports, were provided to families to prevent children from being placed out-of-home.	No further action reported.
DSS expanded services for high needs children and youth by providing additional funding for therapeutic foster care and by creating additional spaces for residential treatment of children in care. These additional residential treatment programs include two pilot projects in Prince Albert and a 16-bed facility in Saskatoon.	Placement options for children and youth in care have been examined in three of the six Social Services regions. Significant new placement resources for older children have been added.

Issue IV:
Improving Training and Communication

Recommendations identified in this area: 9, 14, 25, 26, 27

"The Children's Advocate report identified the need for staff to be well trained in child welfare programs. The report advised the department to establish employee training programs and continuing professional education programs. The report noted the importance of organizational structures that supported communication and effective casework. The Children's Advocate recommended that, wherever possible, each family receive services from a single case worker." (Saskatchewan Social Services Progress Report, February 1999)

Recommendation #9

That children should be in foster care on apprehended status only under circumstances which are enumerated under *The Child and Family Services Act.* Case planning must occur in a timely fashion.

Recommendation #14

That the DSS provide resources and organizational support to children in foster care to ensure that the care provided to these children is consistent with safe and appropriate case management practices.

Recommendation #25

That the DSS establish a comprehensive, new employee training program which must be completed by new employees before they assume responsibility for child protection or child care services.

Recommendation #26

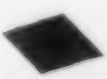
That the DSS establish a comprehensive continuing professional education program that ensures all DSS workers receive a minimum standard of ongoing professional development.

Recommendation #27

That children in care and their families receive services, where possible, from one clearly identified case manager who is responsible for ensuring that the children receive quality services in a timely and coordinated manner.

TABLE 7: Actions Reported by the DSS to Recommendations Regarding Improving Training and Communication

Actions Reported February 1999	Actions Reported December 1999
By March 1999, all new staff hired in child welfare services were to receive a standard orientation. This orientation was to occur within the first eight weeks of their employment.	A Child Welfare Orientation package has been provided to all supervisors who will use it to train new employees within the first eight to 12 weeks of their employment.
Four trainers were hired to work with the two existing trainers to implement a child welfare curriculum. The training includes classroom instructions and support with daily practice of case workers. All child welfare staff will receive this training.	A strategy to deliver training over the next three years has been developed. About 280 staff have been trained, including FNCFS staff. The strategy includes a regular training schedule so that new employees will be trained in a timely manner. Supervisors have received additional training on effective supervision.
Organizational structures in regional offices were reviewed with attention to how caseworkers communicated between units and with children, families and foster families. Some reassignment occurred that was intended to improve workflow and communications.	No further action on this recommendation.



Issue V:
Other Recommendations

Recommendations identified in this area: 19, 20, 21

Recommendation #19

That the emotional and behavioural needs of the children present in the foster home at the time of Karen's death be assessed and that any recommendations arising from these assessments be acted upon.

"This recommendation required the department to assess the behavioural needs of the other children present in the foster home at the time of Karen Quill's death and to follow up on any suggested treatment." (Saskatchewan Social Services Progress Report, February 1999)

Action: DSS reported that required services were provided to the children and that they continue to monitor and support the children as needed.

Recommendation #20

That child deaths under investigation by all police services be referred to Public Prosecutions for a legal opinion.

"This recommendation reflects concern that there be a better understanding of potential criminal liability in instances of child death." (Saskatchewan Social Services Progress Report, February 1999)

Action: Saskatchewan Justice and police services have reviewed practices and are working together to increase communications during any investigation of a child death.

Recommendation #21

That the Child Death Advisory Committee, chaired by the Children's Advocate, review and clarify terminology used by various agencies to ensure understanding and, where possible, consistency.

"This recommendation advises the Child Death Advisory Committee to review and clarify the terminology used by various agencies to ensure understanding and, where possible, consistency." (Saskatchewan Social Services Progress Report, February 1999)

Action: The Child Death Advisory Committee, chaired by the Children's Advocate, has reviewed the terminology with key agencies. Increased clarification of terms has emerged. In addition, the Saskatchewan Children's Advocate and the Chief Coroner are participating in a national network of organizations that independently review child deaths. Establishing a common terminology is one goal of this national network.

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